



**Australian Government**

**Department of Health**



# Schedule of Pharmaceutical Benefits

Summary of Changes

**Effective 1 June 2015**



# Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 June 2015 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* | \$4.27    |
| Additional Fees (for safety net prices): | Ready-prepared                       | \$1.15    |
|                                          | Extemporaneously-prepared            | \$1.50    |
| Patient Co-payments:                     | General                              | \$37.70   |
|                                          | Concessional                         | \$6.10    |
| Safety Net Thresholds:                   | General                              | \$1453.90 |
|                                          | Concessional                         | \$366.00  |
| Safety Net Card Issue Fee:               |                                      | \$9.47    |

\* 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

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 June 2015. 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).

## General Pharmaceutical Benefits

### Additions

#### Addition – Item

- 10258X **AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE**, amino acid formula with vitamins and minerals without phenylalanine oral liquid: powder for, 30 x 36 g sachets (*PKU Anamix Junior*)
- 10260B **AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE**, amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid: powder for, 30 x 36 g sachets (*TYR Anamix Junior*)
- 10259Y **AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE**, amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid: powder for, 30 x 36 g sachets (*MSUD Anamix Junior*)
- 10261C **DIPHTHERIA TOXOID + TETANUS TOXOID**, diphtheria toxoid 2 Lf/0.5 mL + tetanus toxoid 2 Lf/0.5 mL injection, 10 x 0.5 mL vials (*MassBiologics tetanus and diphtheria toxoids adsorbed*)

#### Addition – Brand

- 1003T *Aciclovir Sandoz, HX* – **ACICLOVIR**, aciclovir 200 mg tablet, 25
- 1007B *Aciclovir Sandoz, HX* – **ACICLOVIR**, aciclovir 200 mg tablet, 90
- 1081X *Atenolol RBX, RA* – **ATENOLOL**, atenolol 50 mg tablet, 30
- 8382E *Diasp SR, QA* – **DIPYRIDAMOLE + ASPIRIN**, dipyridamole 200 mg + aspirin 25 mg capsule: modified release, 60 capsules
- 9155W *Depreta 30, DO* – **DULOXETINE**, duloxetine 30 mg capsule: enteric, 28
- 9156X *Depreta 60, DO* – **DULOXETINE**, duloxetine 60 mg capsule: enteric, 28
- 2414C *Frusemide RBX, RA* – **FRUSEMIDE**, frusemide 20 mg tablet, 100
- 2412Y *Frusemide RBX, RA* – **FRUSEMIDE**, frusemide 40 mg tablet, 100
- 1834M *Gabapentin GH, GQ* – **GABAPENTIN**, gabapentin 300 mg capsule, 100
- 1835N *Gabapentin GH, GQ* – **GABAPENTIN**, gabapentin 400 mg capsule, 100
- 1512N *Hydroxychloroquine RBX, RA* – **HYDROXYCHLOROQUINE**, hydroxychloroquine sulfate 200 mg tablet, 100
- 2848X *Logem, AL* – **LAMOTRIGINE**, lamotrigine 25 mg tablet, 56
- 2849Y *Logem, AL* – **LAMOTRIGINE**, lamotrigine 50 mg tablet, 56
- 2850B *Logem, AL* – **LAMOTRIGINE**, lamotrigine 100 mg tablet, 56
- 2851C *Logem, AL* – **LAMOTRIGINE**, lamotrigine 200 mg tablet, 56
- 9331D *APO-Lansoprazole ODT, TX* – **LANSOPRAZOLE**, lansoprazole 15 mg tablet: orally disintegrating, 28 tablets
- 9477T *APO-Lansoprazole ODT, TX* – **LANSOPRAZOLE**, lansoprazole 30 mg tablet: orally disintegrating, 28 tablets
- 9478W *APO-Lansoprazole ODT, TX* – **LANSOPRAZOLE**, lansoprazole 30 mg tablet: orally disintegrating, 28 tablets
- 5264C *Solu-Medrol, PF* – **METHYLPREDNISOLONE**, methylprednisolone Powder for injection 1 g (as sodium succinate), 1

|       |                                                                                                                         |
|-------|-------------------------------------------------------------------------------------------------------------------------|
| 1207M | <i>Metoclopramide RBX, RA</i> – <b>METOCLOPRAMIDE</b> , metoclopramide hydrochloride 10 mg tablet, 25                   |
| 5151D | <i>Metoclopramide RBX, RA</i> – <b>METOCLOPRAMIDE</b> , metoclopramide hydrochloride 10 mg tablet, 25 ( <b>Dental</b> ) |
| 1324Q | <i>Metoprolol RBX, RA</i> – <b>METOPROLOL TARTRATE</b> , METOPROLOL TARTRATE Tablet 50 mg, 100                          |
| 1325R | <i>Metoprolol RBX, RA</i> – <b>METOPROLOL TARTRATE</b> , METOPROLOL TARTRATE Tablet 100 mg, 60                          |
| 1594X | <i>Ondansetron SZ, HX</i> – <b>ONDANSETRON</b> , ondansetron 4 mg tablet, 10                                            |
| 8224W | <i>Ondansetron SZ, HX</i> – <b>ONDANSETRON</b> , ondansetron 4 mg tablet, 4                                             |
| 5470X | <i>Ondansetron SZ ODT, HX</i> – <b>ONDANSETRON</b> , ONDANSETRON Tablet (orally disintegrating) 4 mg, 4                 |
| 5472B | <i>Ondansetron SZ ODT, HX</i> – <b>ONDANSETRON</b> , ONDANSETRON Tablet (orally disintegrating) 4 mg, 10                |
| 1595Y | <i>Ondansetron SZ, HX</i> – <b>ONDANSETRON</b> , ondansetron 8 mg tablet, 10                                            |
| 8225X | <i>Ondansetron SZ, HX</i> – <b>ONDANSETRON</b> , ondansetron 8 mg tablet, 4                                             |
| 5471Y | <i>Ondansetron SZ ODT, HX</i> – <b>ONDANSETRON</b> , ONDANSETRON Tablet (orally disintegrating) 8 mg, 4                 |
| 5473C | <i>Ondansetron SZ ODT, HX</i> – <b>ONDANSETRON</b> , ONDANSETRON Tablet (orally disintegrating) 8 mg, 10                |
| 2242B | <i>Paroxetine GH, GQ</i> – <b>PAROXETINE</b> , paroxetine 20 mg tablet, 30                                              |
| 8508T | <i>Zabep, AL</i> – <b>RABEPRAZOLE</b> , rabeprazole sodium 20 mg tablet: enteric, 30                                    |
| 8509W | <i>Zabep, AL</i> – <b>RABEPRAZOLE</b> , rabeprazole sodium 20 mg tablet: enteric, 30                                    |
| 1978D | <i>Ranitidine GH, GQ</i> – <b>RANITIDINE</b> , ranitidine 150 mg tablet, 60                                             |

## Deletions

### Deletion – Item

|       |                                                                                        |
|-------|----------------------------------------------------------------------------------------|
| 2080L | <b>CALCIPOTRIOL</b> , calcipotriol 0.005% cream, 30 g ( <i>Daivonex</i> )              |
| 1172Q | <b>CHLORAMPHENICOL</b> , chloramphenicol 0.5% ear drops, 5 mL ( <i>Chloromycetin</i> ) |

### Deletion – Brand

|       |                                                                                                                                   |
|-------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1210Q | <i>Ciproxin 750, BN</i> – <b>CIPROFLOXACIN</b> , ciprofloxacin 750 mg tablet, 14                                                  |
| 8505P | <i>Gabatine 100, QA</i> – <b>GABAPENTIN</b> , gabapentin 100 mg capsule, 100                                                      |
| 1834M | <i>Gabatine 300, QA</i> – <b>GABAPENTIN</b> , gabapentin 300 mg capsule, 100                                                      |
| 1835N | <i>Gabatine 400, QA</i> – <b>GABAPENTIN</b> , gabapentin 400 mg capsule, 100                                                      |
| 8559L | <i>Gabatine 600, QA</i> – <b>GABAPENTIN</b> , gabapentin 600 mg tablet, 100                                                       |
| 8389M | <i>Gabatine 800, QA</i> – <b>GABAPENTIN</b> , gabapentin 800 mg tablet, 100                                                       |
| 1596B | <i>Ondaz, SZ</i> – <b>ONDANSETRON</b> , ondansetron 4 mg/2 mL injection, 1 x 2 mL ampoule                                         |
| 8226Y | <i>Ondaz, SZ</i> – <b>ONDANSETRON</b> , ondansetron 4 mg/2 mL injection, 1 x 2 mL ampoule                                         |
| 1597C | <i>Ondaz, SZ</i> – <b>ONDANSETRON</b> , ondansetron 8 mg/4 mL injection, 1 x 4 mL ampoule                                         |
| 8227B | <i>Ondaz, SZ</i> – <b>ONDANSETRON</b> , ondansetron 8 mg/4 mL injection, 1 x 4 mL ampoule                                         |
| 9372G | <i>Dilart HCT 80/12.5, AF</i> – <b>VALSARTAN + HYDROCHLOROTHIAZIDE</b> , valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28 |

### Deletion – Equivalence Indicator

|       |                                                                                                                                  |
|-------|----------------------------------------------------------------------------------------------------------------------------------|
| 9372G | <i>Co-Diovan 80/12.5, NV</i> – <b>VALSARTAN + HYDROCHLOROTHIAZIDE</b> , valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28 |
|-------|----------------------------------------------------------------------------------------------------------------------------------|

## Alterations

### Alteration – Brand Name

#### From

|       |                                                                                                                        |
|-------|------------------------------------------------------------------------------------------------------------------------|
| 9012H | <i>FonatPlus, AF</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 70 microgram tablet, 4 |
|-------|------------------------------------------------------------------------------------------------------------------------|

#### To

|       |                                                                                                                        |
|-------|------------------------------------------------------------------------------------------------------------------------|
| 9012H | <i>FonatPLUS, AF</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 70 microgram tablet, 4 |
|-------|------------------------------------------------------------------------------------------------------------------------|

From

9183H *Fonaf Plus, AF – ALENDRONATE + COLECALCIFEROL*, alendronate 70 mg + colecalciferol 140 microgram tablet, 4

To

9183H *FonafPLUS, AF – ALENDRONATE + COLECALCIFEROL*, alendronate 70 mg + colecalciferol 140 microgram tablet, 4

From

2687K *Thioprine, AF – AZATHIOPRINE*, azathioprine 50 mg tablet, 100

To

2687K *Thioprine 50, AF – AZATHIOPRINE*, azathioprine 50 mg tablet, 100

### **Alteration – Restriction**

The following items have additions, deletions or alterations to restrictions and/or notes.

- 8048N **ABCIXIMAB**, abciximab 10 mg/5 mL injection, 1 x 5 mL vial (*ReoPro*)
- 8954G **ADAPALENE + BENZOYL PEROXIDE**, adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g (*Epiduo*)
- 8955H **ADAPALENE + BENZOYL PEROXIDE**, adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g (*Epiduo*)
- 3408J **ADRENALINE**, adrenaline 150 microgram/0.3 mL injection, 1 x 0.3 mL syringe (*Anapen Junior*)
- 3409K **ADRENALINE**, adrenaline 300 microgram/0.3 mL injection, 1 x 0.3 mL syringe (*Anapen*)
- 8697R **ADRENALINE**, adrenaline 150 microgram/0.3 mL injection, 1 x 0.3 mL syringe (*EpiPen Jr.*)
- 8698T **ADRENALINE**, adrenaline 300 microgram/0.3 mL injection, 1 x 0.3 mL syringe (*EpiPen*)
- 8083K **APRACLONIDINE**, apraclonidine 0.5% eye drops, 10 mL (*Iopidine 0.5%*)
- 1115Q **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% cream, 15 g (*Diprosone, Eleuphrat*)
- 1119X **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% ointment, 15 g (*Diprosone, Eleuphrat*)
- 2812B **BETAMETHASONE VALERATE**, betamethasone (as valerate) 0.02% (200 microgram/g) cream, 100 g (*Antroquoril, Betnovate 1/5, Celestone-M, Cortival 1/5*)
- 2813C **BETAMETHASONE VALERATE**, betamethasone (as valerate) 0.05% (500 microgram/g) cream, 15 g (*Betnovate 1/2, Cortival 1/2*)
- 8844L **BIVALIRUDIN**, bivalirudin 250 mg injection, 1 x 250 mg vial (*Angiomax*)
- 8865N **BUPRENORPHINE**, buprenorphine 5 microgram/hour patch, 2 (*Norspan*)
- 8866P **BUPRENORPHINE**, buprenorphine 10 microgram/hour patch, 2 (*Norspan*)
- 8867Q **BUPRENORPHINE**, buprenorphine 20 microgram/hour patch, 2 (*Norspan*)
- 8760C **CAPTOPRIL**, captopril 5 mg/mL oral liquid, 95 mL (*Capoten*)
- 8439E **CELECOXIB**, celecoxib 100 mg capsule, 60 (*APO-Celecoxib, Blooms the Chemist Celecoxib, Celaxib, Celebrex, Celecoxib Actavis, Celecoxib GH, Celecoxib RBX, Celecoxib Sandoz, Celecoxib AN, Celexi, Chem mart Celecoxib, Kudeq, Terry White Chemists Celecoxib*)
- 8440F **CELECOXIB**, celecoxib 200 mg capsule, 30 (*APO-Celecoxib, Blooms the Chemist Celecoxib, Celaxib, Celebrex, Celecoxib AN, Celecoxib GH, Celecoxib RBX, Celecoxib Sandoz, Celecoxib Actavis, Celexi, Chem mart Celecoxib, Kudeq, Terry White Chemists Celecoxib*)
- 8132B **CLODRONATE**, clodronate sodium 400 mg capsule, 100 (*Bonefos*)
- 8265B **CLODRONATE**, clodronate sodium 800 mg tablet, 60 (*Bonefos 800 mg*)
- 1229Q **DALTEPARIN SODIUM**, dalteparin sodium 10 000 anti-Xa international units/mL injection, 10 x 1 mL syringes (*Fragmin*)
- 1296F **DALTEPARIN SODIUM**, dalteparin sodium 12 500 anti-Xa international units/0.5 mL injection, 10 x 0.5 mL syringes (*Fragmin*)
- 8641T **DALTEPARIN SODIUM**, dalteparin sodium 2500 anti-Xa international units/0.2 mL injection, 10 x 0.2 mL syringes (*Fragmin*)
- 8642W **DALTEPARIN SODIUM**, dalteparin sodium 5000 anti-Xa international units/0.2 mL injection, 10 x 0.2 mL syringes (*Fragmin*)
- 8643X **DALTEPARIN SODIUM**, dalteparin sodium 7500 anti-Xa international units/0.75 mL injection, 10 x 0.75 mL syringes

(Fragmin)

- 8956J **DALTEPARIN SODIUM**, dalteparin sodium 7500 anti-Xa international units/0.75 mL injection, 10 x 0.75 mL syringes (Fragmin)
- 8957K **DALTEPARIN SODIUM**, dalteparin sodium 10 000 anti-Xa international units/mL injection, 10 x 1 mL syringes (Fragmin)
- 8958L **DALTEPARIN SODIUM**, dalteparin sodium 12 500 anti-Xa international units/0.5 mL injection, 10 x 0.5 mL syringes (Fragmin)
- 8959M **DALTEPARIN SODIUM**, DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium-porcine mucous) Injection 15,000 units (anti-Xa) in 0.6 mL single dose pre-filled syringe, 10 (Fragmin)
- 8960N **DALTEPARIN SODIUM**, DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium-porcine mucous) Injection 18,000 units (anti-Xa) in 0.72 mL single dose pre-filled syringe, 10 (Fragmin)
- 9196B **ENOXAPARIN SODIUM**, enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL ampoules (Clexane)
- 8879H **EPLERENONE**, eplerenone 25 mg tablet, 30 (Inspra)
- 8880J **EPLERENONE**, eplerenone 50 mg tablet, 30 (Inspra)
- 9329B **ESSENTIAL AMINO ACIDS FORMULA**, essential amino acids formula oral liquid: powder for, 2 x 200 g cans (Essential Amino Acid Mix)
- 2027Q **ESSENTIAL AMINO ACIDS FORMULA WITH MINERALS AND VITAMIN C**, essential amino acids formula with minerals and vitamin C oral liquid: powder for, 400 g (Dialamine)
- 9385Y **ESSENTIAL AMINO ACIDS FORMULA WITH VITAMINS AND MINERALS**, essential amino acids formula with vitamins and minerals oral liquid: powder for, 50 x 12.5 g sachets (EAA Supplement)
- 8748K **ETHACRYNIC ACID**, ethacrynic acid 25 mg tablet, 100 (Edecrin)
- 5265D **FENTANYL**, fentanyl 12 microgram/hour patch, 5 (Denpax)
- 5277R **FENTANYL**, fentanyl 25 microgram/hour patch, 5 (Denpax)
- 5278T **FENTANYL**, fentanyl 50 microgram/hour patch, 5 (Denpax)
- 5279W **FENTANYL**, fentanyl 75 microgram/hour patch, 5 (Denpax)
- 5280X **FENTANYL**, fentanyl 100 microgram/hour patch, 5 (Denpax)
- 5437E **FENTANYL**, fentanyl 12 microgram/hour patch, 5 (Dutran 12, Fenpatch 12)
- 5438F **FENTANYL**, fentanyl 25 microgram/hour patch, 5 (Dutran 25, Fenpatch 25)
- 5439G **FENTANYL**, fentanyl 50 microgram/hour patch, 5 (Dutran 50, Fenpatch 50)
- 5440H **FENTANYL**, fentanyl 75 microgram/hour patch, 5 (Dutran 75, Fenpatch 75)
- 5441J **FENTANYL**, fentanyl 100 microgram/hour patch, 5 (Dutran 100, Fenpatch 100)
- 8878G **FENTANYL**, fentanyl 12 microgram/hour patch, 5 (Durogesic 12, Fentanyl Sandoz)
- 8891Y **FENTANYL**, fentanyl 25 microgram/hour patch, 5 (Durogesic 25, Fentanyl Sandoz)
- 8892B **FENTANYL**, fentanyl 50 microgram/hour patch, 5 (Durogesic 50, Fentanyl Sandoz)
- 8893C **FENTANYL**, fentanyl 75 microgram/hour patch, 5 (Durogesic 75, Fentanyl Sandoz)
- 8894D **FENTANYL**, fentanyl 100 microgram/hour patch, 5 (Durogesic 100, Fentanyl Sandoz)
- 8430Q **FLUTICASONE + SALMETEROL**, fluticasone propionate 100 microgram/actuation + salmeterol 50 microgram/actuation inhalation: powder for, 60 actuations (Seretide Accuhaler 100/50)
- 8431R **FLUTICASONE + SALMETEROL**, fluticasone propionate 250 microgram/actuation + salmeterol 50 microgram/actuation inhalation: powder for, 60 actuations (Seretide Accuhaler 250/50)
- 8432T **FLUTICASONE + SALMETEROL**, fluticasone propionate 500 microgram/actuation + salmeterol 50 microgram/actuation inhalation: powder for, 60 actuations (Seretide Accuhaler 500/50)
- 8517G **FLUTICASONE + SALMETEROL**, fluticasone propionate 50 microgram/actuation + salmeterol 25 microgram/actuation inhalation: pressurised, 120 actuations (Seretide MDI 50/25)
- 8518H **FLUTICASONE + SALMETEROL**, fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation: pressurised, 120 actuations (Seretide MDI 125/25)
- 8519J **FLUTICASONE + SALMETEROL**, fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation: pressurised, 120 actuations (Seretide MDI 250/25)
- 2312Q **FUSIDATE**, fusidate sodium 250 mg tablet, 36 (Fucidin)
- 2881P **HYDROCORTISONE ACETATE**, hydrocortisone acetate 1% (10 mg/g) cream, 50 g (Cortic-DS 1%, Sigmacort)

|       |                                                                                                                                       |
|-------|---------------------------------------------------------------------------------------------------------------------------------------|
| 2882Q | <b>HYDROCORTISONE ACETATE</b> , hydrocortisone acetate 1% (10 mg/g) ointment, 50 g ( <i>Cortic-DS 1%, Sigmacort</i> )                 |
| 2887Y | <b>HYDROCORTISONE ACETATE</b> , hydrocortisone acetate 1% (10 mg/g) cream, 30 g ( <i>Cortic-DS 1%, Sigmacort</i> )                    |
| 2888B | <b>HYDROCORTISONE ACETATE</b> , hydrocortisone acetate 1% (10 mg/g) ointment, 30 g ( <i>Cortic-DS 1%, Sigmacort</i> )                 |
| 5111B | <b>HYDROCORTISONE ACETATE</b> , hydrocortisone acetate 1% (10 mg/g) cream, 30 g ( <i>Cortic-DS 1%, Sigmacort</i> )(Dental)            |
| 5112C | <b>HYDROCORTISONE ACETATE</b> , hydrocortisone acetate 1% (10 mg/g) ointment, 30 g ( <i>Cortic-DS 1%, Sigmacort</i> )(Dental)         |
| 5113D | <b>HYDROCORTISONE ACETATE</b> , hydrocortisone acetate 1% (10 mg/g) cream, 50 g ( <i>Cortic-DS 1%, Sigmacort</i> )(Dental)            |
| 5114E | <b>HYDROCORTISONE ACETATE</b> , hydrocortisone acetate 1% (10 mg/g) ointment, 50 g ( <i>Cortic-DS 1%, Sigmacort</i> )(Dental)         |
| 5115F | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 2 mg tablet, 20 ( <i>Dilaudid</i> )(Dental)                                        |
| 5116G | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 4 mg tablet, 20 ( <i>Dilaudid</i> )(Dental)                                        |
| 5117H | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 8 mg tablet, 20 ( <i>Dilaudid</i> )(Dental)                                        |
| 5132D | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL ( <i>Dilaudid</i> )(Dental)                            |
| 8424J | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL ( <i>Dilaudid</i> )                                    |
| 8541M | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 2 mg tablet, 20 ( <i>Dilaudid</i> )                                                |
| 8542N | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 4 mg tablet, 20 ( <i>Dilaudid</i> )                                                |
| 8543P | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 8 mg tablet, 20 ( <i>Dilaudid</i> )                                                |
| 9299K | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 4 mg tablet: modified release, 14 tablets ( <i>Jurnista</i> )                      |
| 9406C | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 8 mg tablet: modified release, 14 tablets ( <i>Jurnista</i> )                      |
| 9407D | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 16 mg tablet: modified release, 14 tablets ( <i>Jurnista</i> )                     |
| 9408E | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 32 mg tablet: modified release, 14 tablets ( <i>Jurnista</i> )                     |
| 9409F | <b>HYDROMORPHONE</b> , hydromorphone hydrochloride 64 mg tablet: modified release, 14 tablets ( <i>Jurnista</i> )                     |
| 9357L | <b>IBANDRONIC ACID</b> , ibandronic acid 50 mg tablet, 28 ( <i>Bondronat</i> )                                                        |
| 1976B | <b>ICATIBANT</b> , ICATIBANT Injection 30 mg (as acetate) in 3 mL single use pre-filled syringe, 1 ( <i>Firazyr</i> )                 |
| 1606M | <b>METHADONE</b> , methadone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules ( <i>Physeptone</i> )                                |
| 1609Q | <b>METHADONE</b> , methadone hydrochloride 10 mg tablet, 20 ( <i>Physeptone</i> )                                                     |
| 1621H | <b>METRONIDAZOLE</b> , metronidazole 400 mg tablet, 21 ( <i>Flagyl, Metrogyl 400, Metronide 400</i> )                                 |
| 2313R | <b>MINOXIDIL</b> , minoxidil 10 mg tablet, 100 ( <i>Loniten</i> )                                                                     |
| 1646P | <b>MORPHINE</b> , morphine sulfate 30 mg tablet, 20 ( <i>Anamorph</i> )                                                               |
| 1653B | <b>MORPHINE</b> , morphine sulfate 10 mg tablet: modified release, 28 tablets ( <i>MORPHINE MR APOTEX, MS Contin, Momex SR 10</i> )   |
| 1654C | <b>MORPHINE</b> , morphine sulfate 30 mg tablet: modified release, 28 tablets ( <i>MORPHINE MR APOTEX, MS Contin, Momex SR 30</i> )   |
| 1655D | <b>MORPHINE</b> , morphine sulfate 60 mg tablet: modified release, 28 tablets ( <i>MORPHINE MR APOTEX, MS Contin, Momex SR 60</i> )   |
| 1656E | <b>MORPHINE</b> , morphine sulfate 100 mg tablet: modified release, 28 tablets ( <i>APOTEX-MORPHINE MR, MS Contin, Momex SR 100</i> ) |
| 2122Q | <b>MORPHINE</b> , morphine hydrochloride 2 mg/mL oral liquid, 200 mL ( <i>Ordine 2</i> )                                              |
| 2123R | <b>MORPHINE</b> , morphine hydrochloride 5 mg/mL oral liquid, 200 mL ( <i>Ordine 5</i> )                                              |
| 2124T | <b>MORPHINE</b> , morphine hydrochloride 10 mg/mL oral liquid, 200 mL ( <i>Ordine 10</i> )                                            |
| 2839K | <b>MORPHINE</b> , morphine Capsule 20 mg (containing sustained release pellets), 28 ( <i>Kapanol</i> )                                |
| 2840L | <b>MORPHINE</b> , morphine Capsule 50 mg (containing sustained release pellets), 28 ( <i>Kapanol</i> )                                |
| 2841M | <b>MORPHINE</b> , morphine Capsule 100 mg (containing sustained release pellets), 28 ( <i>Kapanol</i> )                               |
| 5163R | <b>MORPHINE</b> , morphine sulfate 30 mg tablet, 20 ( <i>Anamorph</i> )(Dental)                                                       |
| 5237P | <b>MORPHINE</b> , morphine hydrochloride 2 mg/mL oral liquid, 200 mL ( <i>Ordine 2</i> )(Dental)                                      |

|       |                                                                                                                                                                                                      |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5238Q | <b>MORPHINE</b> , morphine hydrochloride 5 mg/mL oral liquid, 200 mL ( <i>Ordine 5</i> )( <b>Dental</b> )                                                                                            |
| 5239R | <b>MORPHINE</b> , morphine hydrochloride 10 mg/mL oral liquid, 200 mL ( <i>Ordine 10</i> )( <b>Dental</b> )                                                                                          |
| 8035X | <b>MORPHINE</b> , morphine sulfate 5 mg tablet: modified release, 28 tablets ( <i>MS Contin</i> )                                                                                                    |
| 8146R | <b>MORPHINE</b> , morphine Sachet containing controlled release granules for oral suspension, 30 mg per sachet, 28 ( <i>MS Contin Suspension 30 mg</i> )                                             |
| 8305D | <b>MORPHINE</b> , morphine Sachet containing controlled release granules for oral suspension, 60 mg per sachet, 28 ( <i>MS Contin Suspension 60 mg</i> )                                             |
| 8306E | <b>MORPHINE</b> , morphine sulfate 100 mg granules: modified release, 28 sachets ( <i>MS Contin Suspension 100 mg</i> )                                                                              |
| 8349K | <b>MORPHINE</b> , morphine Capsule 10 mg (containing sustained release pellets), 28 ( <i>Kapanol</i> )                                                                                               |
| 8453X | <b>MORPHINE</b> , morphine sulfate 200 mg tablet: modified release, 28 tablets ( <i>MS Contin</i> )                                                                                                  |
| 8454Y | <b>MORPHINE</b> , morphine sulfate 200 mg granules: modified release, 28 sachets ( <i>MS Contin Suspension 200 mg</i> )                                                                              |
| 8489T | <b>MORPHINE</b> , morphine sulfate 15 mg tablet: modified release, 28 tablets ( <i>MS Contin</i> )                                                                                                   |
| 8490W | <b>MORPHINE</b> , morphine sulfate 20 mg granules: modified release, 28 sachets ( <i>MS Contin Suspension 20 mg</i> )                                                                                |
| 8491X | <b>MORPHINE</b> , morphine sulfate 30 mg capsule: modified release, 14 capsules ( <i>MS Mono</i> )                                                                                                   |
| 8492Y | <b>MORPHINE</b> , morphine sulfate 60 mg capsule: modified release, 14 capsules ( <i>MS Mono</i> )                                                                                                   |
| 8493B | <b>MORPHINE</b> , morphine sulfate 90 mg capsule: modified release, 14 capsules ( <i>MS Mono</i> )                                                                                                   |
| 8494C | <b>MORPHINE</b> , morphine sulfate 120 mg capsule: modified release, 14 capsules ( <i>MS Mono</i> )                                                                                                  |
| 8669G | <b>MORPHINE</b> , morphine sulfate 10 mg tablet, 20 ( <i>Sevredol</i> )                                                                                                                              |
| 8670H | <b>MORPHINE</b> , morphine sulfate 20 mg tablet, 20 ( <i>Sevredol</i> )                                                                                                                              |
| 9019Q | <b>MOXONIDINE</b> , moxonidine 200 microgram tablet, 30 ( <i>Physiotens</i> )                                                                                                                        |
| 9020R | <b>MOXONIDINE</b> , moxonidine 400 microgram tablet, 30 ( <i>Physiotens</i> )                                                                                                                        |
| 2481N | <b>OXYCODONE</b> , oxycodone 30 mg suppository, 12 ( <i>Proladone</i> )                                                                                                                              |
| 2622B | <b>OXYCODONE</b> , oxycodone hydrochloride 5 mg tablet, 20 ( <i>Endone</i> )                                                                                                                         |
| 5190E | <b>OXYCODONE</b> , oxycodone hydrochloride 5 mg/5 mL oral liquid, 250 mL ( <i>OxyNorm Liquid 5mg/5mL</i> )( <b>Dental</b> )                                                                          |
| 5191F | <b>OXYCODONE</b> , oxycodone hydrochloride 5 mg capsule, 20 ( <i>OxyNorm</i> )( <b>Dental</b> )                                                                                                      |
| 5194J | <b>OXYCODONE</b> , oxycodone 30 mg suppository, 12 ( <i>Proladone</i> )( <b>Dental</b> )                                                                                                             |
| 5195K | <b>OXYCODONE</b> , oxycodone hydrochloride 5 mg tablet, 20 ( <i>Endone</i> )( <b>Dental</b> )                                                                                                        |
| 5197M | <b>OXYCODONE</b> , oxycodone hydrochloride 10 mg capsule, 20 ( <i>OxyNorm</i> )( <b>Dental</b> )                                                                                                     |
| 8464L | <b>OXYCODONE</b> , oxycodone hydrochloride 5 mg capsule, 20 ( <i>OxyNorm</i> )                                                                                                                       |
| 8501K | <b>OXYCODONE</b> , oxycodone hydrochloride 10 mg capsule, 20 ( <i>OxyNorm</i> )                                                                                                                      |
| 8502L | <b>OXYCODONE</b> , oxycodone hydrochloride 20 mg capsule, 20 ( <i>OxyNorm</i> )                                                                                                                      |
| 8644Y | <b>OXYCODONE</b> , oxycodone hydrochloride 5 mg/5 mL oral liquid, 250 mL ( <i>OxyNorm Liquid 5mg/5mL</i> )                                                                                           |
| 8000C | <b>OXYCODONE + NALOXONE</b> , oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg tablet: modified release, 28 tablets ( <i>Targin 5/2.5mg</i> )                                            |
| 8934F | <b>OXYCODONE + NALOXONE</b> , oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg tablet: modified release, 28 tablets ( <i>Targin 10/5mg</i> )                                              |
| 8935G | <b>OXYCODONE + NALOXONE</b> , oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg tablet: modified release, 28 tablets ( <i>Targin 20/10mg</i> )                                            |
| 8936H | <b>OXYCODONE + NALOXONE</b> , oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg tablet: modified release, 28 tablets ( <i>Targin 40/20mg</i> )                                            |
| 5224Y | <b>PARACETAMOL</b> , paracetamol 500 mg tablet, 100 ( <i>APO-Paracetamol, Febridol, Generic Health Pty Ltd, Panamax, Paracetamol (Sandoz), Paralgin, Parapane</i> )( <b>Dental</b> )                 |
| 8784H | <b>PARACETAMOL</b> , paracetamol 500 mg tablet, 100 ( <i>APO-Paracetamol, Febridol, Generic Health Pty Ltd, Panamax, Paracetamol (Sandoz), Paralgin, Parapane</i> )                                  |
| 8814X | <b>PARACETAMOL</b> , paracetamol 665 mg tablet: modified release, 96 tablets ( <i>Osteomol 665 Paracetamol, Panadol Osteo</i> )                                                                      |
| 1215Y | <b>PARACETAMOL + CODEINE</b> , CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg, 20 ( <i>APO-Paracetamol/Codeine 500/30, Codalgin Forte, Codapane Forte, Comfarol Forte, Panadeine Forte</i> , |

*Paracetamol/Codeine GH 500/30, Prodeine Forte)*

- 8785J **PARACETAMOL + CODEINE**, CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg, 20 (APO-Paracetamol/Codeine 500/30, Codalgin Forte, Codapane Forte, Comfarol Forte, Panadeine Forte, Paracetamol/Codeine GH 500/30, Prodeine Forte)
- 10212L **PEGINTERFERON BETA-1A**, peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices (*Plegridy*)
- 10218T **PEGINTERFERON BETA-1A**, peginterferon beta-1a 63 microgram/0.5 mL injection [0.5 mL injection device] (& peginterferon beta-1a 94 microgram/0.5 mL injection [0.5 mL injection device], 1 pack (*Plegridy*)
- 10220X **PEGINTERFERON BETA-1A**, peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices (*Plegridy*)
- 2997R **SALCATONIN**, salcatonin 100 international units/mL injection, 5 x 1 mL ampoules (*Miacalcic 100*)
- 10086 **SAPROPTERIN**, sapropterin dihydrochloride 100 mg tablet: soluble, 30 tablets (*Kuvan*)  
W
- 8221Q **TIAGABINE**, tiagabine 5 mg tablet, 50 (*Gabitril*)
- 8222R **TIAGABINE**, tiagabine 10 mg tablet, 50 (*Gabitril*)
- 8223T **TIAGABINE**, tiagabine 15 mg tablet, 50 (*Gabitril*)
- 2667J **VIGABATRIN**, vigabatrin 500 mg tablet, 100 (*Sabril*)
- 2668K **VIGABATRIN**, vigabatrin 500 mg oral liquid: powder for, 60 x 500 mg sachets (*Sabril*)
- 9328Y **VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE**, vitamins, minerals and trace elements with carbohydrate oral liquid: powder for, 200 g (*Paediatric Seravit*)
- 8587Y **WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, VITAMINS AND MINERALS, AND LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE**, whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose oral liquid: powder for, 400 g (*Kindergen*)

#### **Alteration – Restriction Level**

|        |                                                                                                                                                                                                                           | <i>From</i>        | <i>To</i>   |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|
| 10212L | <b>PEGINTERFERON BETA-1A</b> , peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices ( <i>Plegridy</i> )                                                                                     | authority-required | streamlined |
| 10218T | <b>PEGINTERFERON BETA-1A</b> , peginterferon beta-1a 63 microgram/0.5 mL injection [0.5 mL injection device] (& peginterferon beta-1a 94 microgram/0.5 mL injection [0.5 mL injection device], 1 pack ( <i>Plegridy</i> ) | authority-required | streamlined |
| 10220X | <b>PEGINTERFERON BETA-1A</b> , peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices ( <i>Plegridy</i> )                                                                                     | authority-required | streamlined |

## **Advance Notices**

### **1 July 2015**

#### **Deletion – Brand**

- 1783W *Ceftriaxone ICP, PP* – **CEFTRIAZONE**, ceftriaxone 500 mg injection, 1 x 500 mg vial
- 9058R *Ceftriaxone ICP, PP* – **CEFTRIAZONE**, ceftriaxone 500 mg injection, 1 x 500 mg vial

### **1 August 2015**

#### **Deletion – Item**

- 2873F *Invokana, JC* – **CANAGLIFLOZIN**, canagliflozin 100 mg tablet, 30
- 2987F *Invokana, JC* – **CANAGLIFLOZIN**, canagliflozin 300 mg tablet, 30
- 9157Y *Sensipar, AN* – **CINACALCET**, cinacalcet 30 mg tablet, 28
- 9158B *Sensipar, AN* – **CINACALCET**, cinacalcet 60 mg tablet, 28
- 9159C *Sensipar, AN* – **CINACALCET**, cinacalcet 90 mg tablet, 28

## Highly Specialised Drugs Program (Private Hospital)

### Additions

#### *Addition – Item*

10263E **ANAKINRA**, anakinra 100 mg/0.67 mL injection, 28 x 0.67 mL syringes (*Kineret*)

### Alterations

#### *Alteration – Restriction*

10175M **IVACAFTOR**, ivacaftor 150 mg tablet, 56 (*Kalydeco*)

### Advance Notices

**1 August 2015**

#### *Deletion – Item*

9625N *Sensipar*, AN – **CINACALCET**, cinacalcet 30 mg tablet, 28

9626P *Sensipar*, AN – **CINACALCET**, cinacalcet 60 mg tablet, 28

9627Q *Sensipar*, AN – **CINACALCET**, cinacalcet 90 mg tablet, 28

## Highly Specialised Drugs Program (Public Hospital)

### Additions

#### *Addition – Item*

10264F **ANAKINRA**, anakinra 100 mg/0.67 mL injection, 28 x 0.67 mL syringes (*Kineret*)

### Alterations

#### *Alteration – Restriction*

10170G **IVACAFTOR**, ivacaftor 150 mg tablet, 56 (*Kalydeco*)

### Advance Notices

**1 August 2015**

#### *Deletion – Item*

5621W *Sensipar*, AN – **CINACALCET**, cinacalcet 30 mg tablet, 28

5622X *Sensipar*, AN – **CINACALCET**, cinacalcet 60 mg tablet, 28

5623Y *Sensipar*, AN – **CINACALCET**, cinacalcet 90 mg tablet, 28

## Palliative Care

### Alterations

#### *Alteration – Restriction*

The following items have additions, deletions or alterations to restrictions and/or notes.

5407N **FENTANYL**, FENTANYL Lozenge 200 micrograms (as citrate), 30 (*Actiq*)

5408P **FENTANYL**, FENTANYL Lozenge 400 micrograms (as citrate), 30 (*Actiq*)

5409Q **FENTANYL**, FENTANYL Lozenge 600 micrograms (as citrate), 30 (*Actiq*)

5410R **FENTANYL**, FENTANYL Lozenge 800 micrograms (as citrate), 30 (*Actiq*)

5411T **FENTANYL**, FENTANYL Lozenge 1200 micrograms (as citrate), 30 (*Actiq*)

5412W **FENTANYL**, FENTANYL Lozenge 1600 micrograms (as citrate), 30 (*Actiq*)

5399E **METHADONE**, methadone hydrochloride 5 mg/mL oral liquid, 200 mL (*Aspen Methadone Syrup*)

5400F **METHADONE**, methadone hydrochloride 5 mg/mL oral liquid, 200 mL (*Aspen Methadone Syrup*)

|       |                                                                                                                                 |
|-------|---------------------------------------------------------------------------------------------------------------------------------|
| 5391R | <b>MORPHINE</b> , morphine sulfate 200 mg tablet: modified release, 28 tablets ( <i>MS Contin</i> )                             |
| 5392T | <b>MORPHINE</b> , morphine sulfate 200 mg tablet: modified release, 28 tablets ( <i>MS Contin</i> )                             |
| 5393W | <b>MORPHINE</b> , morphine sulfate 10 mg tablet, 20 ( <i>Sevredol</i> )                                                         |
| 5394X | <b>MORPHINE</b> , morphine sulfate 20 mg tablet, 20 ( <i>Sevredol</i> )                                                         |
| 5395Y | <b>MORPHINE</b> , morphine sulfate 10 mg tablet, 20 ( <i>Sevredol</i> )                                                         |
| 5396B | <b>MORPHINE</b> , morphine sulfate 20 mg tablet, 20 ( <i>Sevredol</i> )                                                         |
| 5319Y | <b>PARACETAMOL</b> , paracetamol 500 mg suppository, 24 ( <i>Panadol</i> )                                                      |
| 5320B | <b>PARACETAMOL</b> , paracetamol 500 mg suppository, 24 ( <i>Panadol</i> )                                                      |
| 5343F | <b>PARACETAMOL</b> , paracetamol 665 mg tablet: modified release, 96 tablets ( <i>Osteomol 665 Paracetamol, Panadol Osteo</i> ) |
| 5344G | <b>PARACETAMOL</b> , paracetamol 665 mg tablet: modified release, 96 tablets ( <i>Osteomol 665 Paracetamol, Panadol Osteo</i> ) |

## Repatriation Pharmaceutical Benefits

### Additions

#### Addition – Brand

|       |                                                                                                                                       |
|-------|---------------------------------------------------------------------------------------------------------------------------------------|
| 2194L | <i>Alendronate plus D3-DRLA, RZ</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 70 microgram tablet, 4 |
| 2194L | <i>FonatPLUS, AF</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 70 microgram tablet, 4                |
| 2224C | <i>FonatPLUS, AF</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 140 microgram tablet, 4               |
| 4198Y | <i>Chemists' Own Laxative with Senna, AS</i> – <b>DOCUSATE + SENNOSIDES</b> , docusate sodium 50 mg + sennosides 11.27 mg tablet, 90  |
| 4198Y | <i>Colaxsen, QA</i> – <b>DOCUSATE + SENNOSIDES</b> , docusate sodium 50 mg + sennosides 11.27 mg tablet, 90                           |
| 4584G | <i>Sildenafil Actavis, UA</i> – <b>SILDENAFIL</b> , sildenafil 25 mg tablet, 4                                                        |
| 4584G | <i>Vedafil, AF</i> – <b>SILDENAFIL</b> , sildenafil 25 mg tablet, 4                                                                   |
| 4585H | <i>Sildenafil Actavis, UA</i> – <b>SILDENAFIL</b> , sildenafil 50 mg tablet, 4                                                        |
| 4585H | <i>Vedafil, AF</i> – <b>SILDENAFIL</b> , sildenafil 50 mg tablet, 4                                                                   |
| 4586J | <i>Sildenafil Actavis, UA</i> – <b>SILDENAFIL</b> , sildenafil 100 mg tablet, 4                                                       |
| 4586J | <i>Vedafil, AF</i> – <b>SILDENAFIL</b> , sildenafil 100 mg tablet, 4                                                                  |
| 4522B | <i>APO-Zopiclone, TX</i> – <b>ZOPICLONE</b> , zopiclone 7.5 mg tablet, 30                                                             |
| 4522B | <i>Chem mart Zopiclone, CH</i> – <b>ZOPICLONE</b> , zopiclone 7.5 mg tablet, 30                                                       |
| 4522B | <i>Terry White Chemists Zopiclone, TW</i> – <b>ZOPICLONE</b> , zopiclone 7.5 mg tablet, 30                                            |

#### Addition – Equivalence Indicator

|       |                                                                                                                           |
|-------|---------------------------------------------------------------------------------------------------------------------------|
| 2194L | <i>Fosamax Plus, MK</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 70 microgram tablet, 4 |
|-------|---------------------------------------------------------------------------------------------------------------------------|

### Deletions

#### Deletion – Brand

|       |                                                                              |
|-------|------------------------------------------------------------------------------|
| 4591P | <i>Gabatine 100, QA</i> – <b>GABAPENTIN</b> , gabapentin 100 mg capsule, 100 |
| 4592Q | <i>Gabatine 300, QA</i> – <b>GABAPENTIN</b> , gabapentin 300 mg capsule, 100 |
| 4593R | <i>Gabatine 400, QA</i> – <b>GABAPENTIN</b> , gabapentin 400 mg capsule, 100 |
| 4594T | <i>Gabatine 600, QA</i> – <b>GABAPENTIN</b> , gabapentin 600 mg tablet, 100  |
| 4595W | <i>Gabatine 800, QA</i> – <b>GABAPENTIN</b> , gabapentin 800 mg tablet, 100  |

# General Pharmaceutical Benefits

## ▪ ABCIXIMAB

### Authority required (STREAMLINED)

**4942**

Coronary artery disease

#### **Treatment criteria:**

Patient must be undergoing percutaneous coronary balloon angioplasty.

### Authority required (STREAMLINED)

**4943**

Coronary artery disease

#### **Treatment criteria:**

Patient must be undergoing percutaneous coronary atherectomy.

### Authority required (STREAMLINED)

**4915**

Coronary artery disease

#### **Treatment criteria:**

Patient must be undergoing percutaneous coronary stent placement.

### **abciximab 10 mg/5 mL injection, 1 x 5 mL vial**

| 8048N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
|       | 3             | ..          | ..         | *1453.45 | 37.70    | ReoPro [LY]                 |

## ▪ ADAPALENE + BENZOYL PEROXIDE

### Restricted benefit

Severe acne vulgaris

Treatment Phase: Acute treatment

#### **Clinical criteria:**

The treatment must in combination with an oral antibiotic.

### **adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g**

| 8954G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | ±1            | 1           | ..         | 37.27   | 37.70    | Epiduo [GA]                 |

## ▪ ADAPALENE + BENZOYL PEROXIDE

### Restricted benefit

Severe acne vulgaris

#### **Clinical criteria:**

The treatment must be maintenance therapy.

#### **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.

### **adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g**

| 8955H                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | ±1            | 3           | ..         | 37.27   | 37.70    | Epiduo [GA]                 |

## ▪ ADRENALINE

### Caution

EpiPen and Anapen products have different administration techniques and should not be prescribed to the same patient without training in their use.

**Authority required**

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

**Clinical criteria:**

Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR

Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR

Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR

Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

**Authority required**

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

**Clinical criteria:**

Patient must have been discharged from hospital or an emergency department after treatment with adrenaline for acute allergic reaction with anaphylaxis.

**Authority required**

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for this drug.

**Note**

The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at [www.allergy.org.au](http://www.allergy.org.au).)

Authority approvals will be limited to a maximum quantity of 2 auto-injectors (Anapen or EpiPen) at any one time.

No applications for repeats will be authorised.

**adrenaline 150 microgram/0.3 mL injection, 1 x 0.3 mL syringe**

| 3408J       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>(NP)</b> | 1             | ..          | ..         | 106.34  | 37.70    | Anapen Junior [LM]          |

**adrenaline 300 microgram/0.3 mL injection, 1 x 0.3 mL syringe**

| 3409K       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>(NP)</b> | 1             | ..          | ..         | 106.34  | 37.70    | Anapen [LM]                 |

**adrenaline 150 microgram/0.3 mL injection, 1 x 0.3 mL syringe**

| 8697R       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>(NP)</b> | 1             | ..          | ..         | 106.34  | 37.70    | EpiPen Jr. [AL]             |

**adrenaline 300 microgram/0.3 mL injection, 1 x 0.3 mL syringe**

| 8698T       | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>(NP)</b> | 1             | ..          | ..         | 106.34  | 37.70    | EpiPen [AL]                 |

**■ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE****Restricted benefit**

Phenylketonuria

**Note**

Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

**amino acid formula with vitamins and minerals without phenylalanine oral liquid: powder for, 30 x 36 g sachets**

| 10258X      | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------------|---------------|-------------|------------|----------|----------|-----------------------------|
| <b>(NP)</b> | 4             | 5           | ..         | *1060.16 | 37.70    | PKU Anamix Junior [SB]      |

**■ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE****Restricted benefit**

Tyrosinaemia

**Note**

Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid: powder for, 30 x 36 g sachets

| 10260B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 4             | 5           | ..         | *2114.72 | 37.70    | TYR Anamix Junior [SB]      |

#### ■ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE

##### Restricted benefit

Maple syrup urine disease

##### Note

Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid: powder for, 30 x 36 g sachets

| 10259Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP     | 4             | 5           | ..         | *2114.72 | 37.70    | MSUD Anamix Junior [SB]     |

#### ■ APRACLOPIDINE

##### Restricted benefit

Intra-ocular pressure

##### Clinical criteria:

The treatment must be for short-term reduction of intra-ocular pressure, **AND**

Patient must already be on maximally tolerated anti-glaucoma therapy.

apraclopidine 0.5% eye drops, 10 mL

| 8083K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | ‡1            | 2           | ..         | 42.11   | 37.70    | Iopidine 0.5% [AQ]          |

#### ■ BETAMETHASONE DIPROPIONATE

##### Restricted benefit

Corticosteroid-responsive dermatoses

##### 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.

betamethasone (as dipropionate) 0.05% cream, 15 g

| 1115Q | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|-------------------|---------|----------|-----------------------------|
| NP    | ‡1            | 1           | <sup>B</sup> 2.45 | 13.48   | 14.63    | <sup>a</sup> Diprosone [MK] |
|       |               |             | ..                |         | 14.63    | <sup>a</sup> Eleuphrat [FR] |

betamethasone (as dipropionate) 0.05% ointment, 15 g

| 1119X | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|-------------------|---------|----------|-----------------------------|
| NP    | ‡1            | 1           | <sup>B</sup> 2.45 | 13.48   | 14.63    | <sup>a</sup> Diprosone [MK] |
|       |               |             | ..                |         | 14.63    | <sup>a</sup> Eleuphrat [FR] |

#### ■ BETAMETHASONE VALERATE

##### Restricted benefit

Corticosteroid-responsive dermatoses

betamethasone (as valerate) 0.02% (200 microgram/g) cream, 100 g

| 2812B | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer     |
|-------|---------------|-------------|-------------------|---------|----------|---------------------------------|
| NP    | 2             | ..          | ..                | *24.56  | 25.71    | <sup>a</sup> Antroquoril [FR]   |
|       |               |             |                   |         |          | <sup>b</sup> Cortival 1/5 [FM]  |
|       |               |             | <sup>B</sup> 2.46 |         | 25.71    | <sup>a</sup> Celestone-M [MK]   |
|       |               |             | <sup>B</sup> 6.88 |         | 25.71    | <sup>b</sup> Betnovate 1/5 [QA] |

#### ■ BETAMETHASONE VALERATE

##### Restricted benefit

Corticosteroid-responsive dermatoses

##### 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.

**betamethasone (as valerate) 0.05% (500 microgram/g) cream, 15 g**

2813C

NP

| Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer     |
|---------------|-------------|-------------------|---------|----------|---------------------------------|
| ‡1            | 1           | <sup>B</sup> 2.94 | 8.75    | 9.90     | <sup>a</sup> Betnovate 1/2 [QA] |
|               |             | ..                |         | 9.90     | <sup>a</sup> Cortival 1/2 [FM]  |

**■ BIVALIRUDIN****Authority required (STREAMLINED)****4919**

Coronary artery disease

**Treatment criteria:**

Patient must be undergoing percutaneous coronary intervention.

**bivalirudin 250 mg injection, 1 x 250 mg vial**

8844L

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | ..          | ..         | 672.09  | 37.70    | Angiomax [XM]               |

**■ BUPRENORPHINE****Caution**

The risk of drug dependence is high.

**Restricted benefit**

Chronic severe disabling pain

**Clinical criteria:**

The condition must be unresponsive to non-narcotic analgesics.

**Note**

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) chronic severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
- (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

**Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**buprenorphine 5 microgram/hour patch, 2**

8865N

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | ..          | ..         | 27.04   | 28.19    | Norspan [MF]                |

**buprenorphine 10 microgram/hour patch, 2**

8866P

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | ..          | ..         | 41.11   | 37.70    | Norspan [MF]                |

**buprenorphine 20 microgram/hour patch, 2**

8867Q

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | ..          | ..         | 56.42   | 37.70    | Norspan [MF]                |

**■ CAPTOPRIL****Restricted benefit**

Patients unable to take a solid dose form of an ACE inhibitor.

**Population criteria:**

Patient must not be pregnant. Use of ACE inhibitors is contraindicated during pregnancy since these drugs have been associated with foetal death in utero.

**captopril 5 mg/mL oral liquid, 95 mL**

8760C

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| ‡1            | 5           | ..         | 112.16  | 37.70    | Capoten [QA]                |

**■ CELECOXIB****Restricted benefit**

Osteoarthritis

**Clinical criteria:**

The treatment must be for symptomatic treatment.

**Restricted benefit**

Rheumatoid arthritis

**Clinical criteria:**

The treatment must be for symptomatic treatment.

**Note**

The use of this drug for the treatment of the following conditions is not subsidised through the PBS:

- (a) acute pain;
- (b) soft tissue injury;
- (c) arthrosis without an inflammatory component.

**celecoxib 100 mg capsule, 60**

| 8439E                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                      | Brand Name and Manufacturer                    |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|--------------------------------------------------|------------------------------------------------|
|  | 1             | 3           | ..         | 28.51   | 29.66    | <sup>a</sup> APO-Celecoxib [TX]                  | <sup>a</sup> Blooms the Chemist Celecoxib [IB] |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Celaxib [AF]                        | <sup>a</sup> Celebrex [PF]                     |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Celecoxib AN [EA]                   | <sup>a</sup> Celecoxib Actavis [GN]            |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Celecoxib GH [GQ]                   | <sup>a</sup> Celecoxib RBX [RA]                |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Celecoxib Sandoz [SZ]               | <sup>a</sup> Celexi [QA]                       |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Chem mart Celecoxib [CH]            | <sup>a</sup> Kudeq [FZ]                        |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Terry White Chemists Celecoxib [TW] |                                                |

**celecoxib 200 mg capsule, 30**

| 8440F                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                      | Brand Name and Manufacturer                    |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|--------------------------------------------------|------------------------------------------------|
|  | 1             | 3           | ..         | 28.51   | 29.66    | <sup>a</sup> APO-Celecoxib [TX]                  | <sup>a</sup> Blooms the Chemist Celecoxib [IB] |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Celaxib [AF]                        | <sup>a</sup> Celebrex [PF]                     |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Celecoxib AN [EA]                   | <sup>a</sup> Celecoxib Actavis [GN]            |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Celecoxib GH [GQ]                   | <sup>a</sup> Celecoxib RBX [RA]                |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Celecoxib Sandoz [SZ]               | <sup>a</sup> Celexi [QA]                       |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Chem mart Celecoxib [CH]            | <sup>a</sup> Kudeq [FZ]                        |
|                                                                                   |               |             |            |         |          | <sup>a</sup> Terry White Chemists Celecoxib [TW] |                                                |

**■ CLODRONATE****Restricted benefit**

Hypercalcaemia of malignancy

**Clinical criteria:**

Patient must have a malignancy refractory to anti-neoplastic therapy.

**Restricted benefit**

Multiple myeloma

**Restricted benefit**

Bone metastases

**Clinical criteria:**

The condition must be due to breast cancer.

**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.

**clodronate sodium 400 mg capsule, 100**

| 8132B                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | 1             | 2           | ..         | 334.42  | 37.70    | Bonefos [BN]                |

**clodronate sodium 800 mg tablet, 60**

| 8265B                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | 1             | 2           | ..         | 391.78  | 37.70    | Bonefos 800 mg [BN]         |

**■ DALTEPARIN SODIUM****Restricted benefit**

Haemodialysis

**dalteparin sodium 10 000 anti-Xa international units/mL injection, 10 x 1 mL syringes**

| 1229Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 2             | 3           | ..         | *175.90 | 37.70    | Fragmin [PF]                |

**dalteparin sodium 12 500 anti-Xa international units/0.5 mL injection, 10 x 0.5 mL syringes**

| 1296F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 2             | 3           | ..         | *241.62 | 37.70    | Fragmin [PF]                |

**dalteparin sodium 2500 anti-Xa international units/0.2 mL injection, 10 x 0.2 mL syringes**

| 8641T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 2             | 3           | ..         | *105.08 | 37.70    | Fragmin [PF]                |

**dalteparin sodium 5000 anti-Xa international units/0.2 mL injection, 10 x 0.2 mL syringes**

| 8642W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 2             | 3           | ..         | *109.22 | 37.70    | Fragmin [PF]                |

**dalteparin sodium 7500 anti-Xa international units/0.75 mL injection, 10 x 0.75 mL syringes**

| 8643X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 2             | 3           | ..         | *130.68 | 37.70    | Fragmin [PF]                |

**■ DALTEPARIN SODIUM****Restricted benefit**

Symptomatic venous thromboembolism

Treatment Phase: Management

**Clinical criteria:**

Patient must have a solid tumour(s).

**Note**

No applications for increased maximum quantities will be authorised.

**dalteparin sodium 7500 anti-Xa international units/0.75 mL injection, 10 x 0.75 mL syringes**

| 8956J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 3             | 5           | ..         | *192.64 | 37.70    | Fragmin [PF]                |

**dalteparin sodium 10 000 anti-Xa international units/mL injection, 10 x 1 mL syringes**

| 8957K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 3             | 5           | ..         | *255.40 | 37.70    | Fragmin [PF]                |

**dalteparin sodium 12 500 anti-Xa international units/0.5 mL injection, 10 x 0.5 mL syringes**

| 8958L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 3             | 5           | ..         | *350.05 | 37.70    | Fragmin [PF]                |

**DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium-porcine mucous) Injection 15,000 units (anti-Xa) in 0.6 mL single dose pre-filled syringe, 10**

| 8959M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 3             | 5           | ..         | *415.09 | 37.70    | Fragmin [PF]                |

**DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium-porcine mucous) Injection 18,000 units (anti-Xa) in 0.72 mL single dose pre-filled syringe, 10**

| 8960N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 3             | 5           | ..         | *493.93 | 37.70    | Fragmin [PF]                |

**■ DIPHTHERIA TOXOID + TETANUS TOXOID****Note**

For immunisation of adults and children aged greater than or equal to 8 years.

**diphtheria toxoid 2 Lf/0.5 mL + tetanus toxoid 2 Lf/0.5 mL injection, 10 x 0.5 mL vials**

| 10261C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                |
|--------|---------------|-------------|------------|---------|----------|------------------------------------------------------------|
| NP     | 1             | ..          | ..         | 144.59  | 37.70    | MassBiologics tetanus and diphtheria toxoids adsorbed [CS] |

diphtheria toxoid 2 international units/0.5 mL + tetanus toxoid 20 international units/0.5 mL injection, 5 x 0.5 mL syringes

| 8783G     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | ..          | ..         | 75.68   | 37.70    | ADT Booster [CS]            |

## ▪ ENOXAPARIN SODIUM

### Restricted benefit

Haemodialysis

enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL ampoules

| 9196B     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 2             | 3           | ..         | *109.22 | 37.70    | Clexane [SW]                |

## ▪ EPLERENONE

### Caution

Serum electrolytes should be checked regularly

### Authority required (STREAMLINED)

4937

Heart failure with a left ventricular ejection fraction of 40% or less

### Clinical criteria:

The condition must occur within 3 to 14 days following an acute myocardial infarction, **AND**

The treatment must be commenced within 14 days of an acute myocardial infarction.

The date of the acute myocardial infarction and the date of initiation of treatment with this drug must be documented in the patient's medical records when PBS-subsidised treatment is initiated

### 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.

eplerenone 25 mg tablet, 30

| 8879H     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | 5           | ..         | 113.11  | 37.70    | Inspra [PF]                 |

eplerenone 50 mg tablet, 30

| 8880J     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | 5           | ..         | 113.11  | 37.70    | Inspra [PF]                 |

## ▪ ESSENTIAL AMINO ACIDS FORMULA

### Restricted benefit

Gyrate atrophy of the choroid and retina

### Restricted benefit

Urea cycle disorders

essential amino acids formula oral liquid: powder for, 2 x 200 g cans

| 9329B     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer   |
|-----------|---------------|-------------|------------|----------|----------|-------------------------------|
| <b>NP</b> | 6             | 5           | ..         | *1200.88 | 37.70    | Essential Amino Acid Mix [SB] |

## ▪ ESSENTIAL AMINO ACIDS FORMULA WITH MINERALS AND VITAMIN C

### Restricted benefit

Gyrate atrophy of the choroid and retina

### Restricted benefit

Urea cycle disorders

essential amino acids formula with minerals and vitamin C oral liquid: powder for, 400 g

| 2027Q     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 5             | 5           | ..         | *634.51 | 37.70    | Dialamine [SB]              |

## ▪ ESSENTIAL AMINO ACIDS FORMULA WITH VITAMINS AND MINERALS

### Restricted benefit

Gyrate atrophy of the choroid and retina

### Restricted benefit

Urea cycle disorders

# essential amino acids formula with vitamins and minerals oral liquid: powder for, 50 x 12.5 g sachets

| 9385Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
| NP    | 4             | 5           | ..         | *1516.84 | 37.70    | EAA Supplement [VF]         |

## ▪ ETHACRYNIC ACID

### Restricted benefit

Patients hypersensitive to other oral diuretics

### ethacrynic acid 25 mg tablet, 100

| 8748K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 2             | 1           | ..         | *197.64 | 37.70    | Edecrin [FK]                |

## ▪ FENTANYL

### Caution

The risk of drug dependence is high.

### Restricted benefit

Chronic severe disabling pain

### Clinical criteria:

The condition must be unresponsive to non-narcotic analgesics.

### Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) chronic severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
- (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Pharmaceutical benefits that have the form fentanyl 12 microgram/hour patch are equivalent for the purposes of substitution.  
Pharmaceutical benefits that have the form fentanyl 25 microgram/hour patch are equivalent for the purposes of substitution.  
Pharmaceutical benefits that have the form fentanyl 50 microgram/hour patch are equivalent for the purposes of substitution.  
Pharmaceutical benefits that have the form fentanyl 75 microgram/hour patch are equivalent for the purposes of substitution.  
Pharmaceutical benefits that have the form fentanyl 100 microgram/hour patch are equivalent for the purposes of substitution.

### fentanyl 12 microgram/hour patch, 5

| 5265D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 25.21   | 26.36    | <sup>a</sup> Denpax [AF]    |

### fentanyl 25 microgram/hour patch, 5

| 5277R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 29.49   | 30.64    | <sup>a</sup> Denpax [AF]    |

### fentanyl 50 microgram/hour patch, 5

| 5278T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 45.96   | 37.70    | <sup>a</sup> Denpax [AF]    |

### fentanyl 75 microgram/hour patch, 5

| 5279W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 57.81   | 37.70    | <sup>a</sup> Denpax [AF]    |

### fentanyl 100 microgram/hour patch, 5

| 5280X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 69.30   | 37.70    | <sup>a</sup> Denpax [AF]    |

### fentanyl 12 microgram/hour patch, 5

| 5437E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer   |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|-------------------------------|
| NP    | 1             | ..          | ..         | 25.21   | 26.36    | <sup>a</sup> Dutran 12 [GN] | <sup>a</sup> Fenpatch 12 [ZP] |

### fentanyl 25 microgram/hour patch, 5

| 5438F                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer   |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|-------------------------------|
|  | 1             | ..          | ..         | 29.49   | 30.64    | <sup>a</sup> Dutran 25 [GN] | <sup>a</sup> Fenpatch 25 [ZP] |

### fentanyl 50 microgram/hour patch, 5

| 5439G                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer   |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|-------------------------------|
|  | 1             | ..          | ..         | 45.96   | 37.70    | <sup>a</sup> Dutran 50 [GN] | <sup>a</sup> Fenpatch 50 [ZP] |

### fentanyl 75 microgram/hour patch, 5

| 5440H                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer   |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|-------------------------------|
|  | 1             | ..          | ..         | 57.81   | 37.70    | <sup>a</sup> Dutran 75 [GN] | <sup>a</sup> Fenpatch 75 [ZP] |

### fentanyl 100 microgram/hour patch, 5

| 5441J                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer  | Brand Name and Manufacturer    |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|------------------------------|--------------------------------|
|  | 1             | ..          | ..         | 69.30   | 37.70    | <sup>a</sup> Dutran 100 [GN] | <sup>a</sup> Fenpatch 100 [ZP] |

### fentanyl 12 microgram/hour patch, 5

| 8878G                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    | Brand Name and Manufacturer       |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|--------------------------------|-----------------------------------|
|  | 1             | ..          | ..         | 25.21   | 26.36    | <sup>a</sup> Durogesic 12 [JC] | <sup>a</sup> Fentanyl Sandoz [SZ] |

### fentanyl 25 microgram/hour patch, 5

| 8891Y                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    | Brand Name and Manufacturer       |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|--------------------------------|-----------------------------------|
|  | 1             | ..          | ..         | 29.49   | 30.64    | <sup>a</sup> Durogesic 25 [JC] | <sup>a</sup> Fentanyl Sandoz [SZ] |

### fentanyl 50 microgram/hour patch, 5

| 8892B                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    | Brand Name and Manufacturer       |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|--------------------------------|-----------------------------------|
|  | 1             | ..          | ..         | 45.96   | 37.70    | <sup>a</sup> Durogesic 50 [JC] | <sup>a</sup> Fentanyl Sandoz [SZ] |

### fentanyl 75 microgram/hour patch, 5

| 8893C                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    | Brand Name and Manufacturer       |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|--------------------------------|-----------------------------------|
|  | 1             | ..          | ..         | 57.81   | 37.70    | <sup>a</sup> Durogesic 75 [JC] | <sup>a</sup> Fentanyl Sandoz [SZ] |

### fentanyl 100 microgram/hour patch, 5

| 8894D                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer     | Brand Name and Manufacturer       |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|---------------------------------|-----------------------------------|
|  | 1             | ..          | ..         | 69.30   | 37.70    | <sup>a</sup> Durogesic 100 [JC] | <sup>a</sup> Fentanyl Sandoz [SZ] |

## ■ FLUTICASONE + SALMETEROL

### Restricted benefit

Asthma

### Clinical criteria:

Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

### Population criteria:

Patient must be aged 4 years or older.

### fluticasone propionate 100 microgram/actuation + salmeterol 50 microgram/actuation inhalation: powder for, 60 actuations

| 8430Q                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|--------------------------------|
|  | ‡1            | 5           | ..         | 47.54   | 37.70    | Seretide Accuhaler 100/50 [GK] |

### fluticasone propionate 250 microgram/actuation + salmeterol 50 microgram/actuation inhalation: powder for, 60 actuations

| 8431R                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|--------------------------------|
|  | ‡1            | 5           | ..         | 55.49   | 37.70    | Seretide Accuhaler 250/50 [GK] |

### fluticasone propionate 50 microgram/actuation + salmeterol 25 microgram/actuation inhalation: pressurised, 120 actuations

| 8517G                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | ‡1            | 5           | ..         | 47.54   | 37.70    | Seretide MDI 50/25 [GK]     |

**fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation: pressurised, 120 actuations**

| 8518H     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | ‡1            | 5           | ..         | 55.49   | 37.70    | Seretide MDI 125/25 [GK]    |

▪ **FLUTICASONE + SALMETEROL**

**Restricted benefit**

Asthma

**Clinical criteria:**

Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

**Population criteria:**

Patient must be aged 4 years or older.

**Restricted benefit**

Chronic obstructive pulmonary disease (COPD)

**Clinical criteria:**

Patient must have a forced expiratory volume in 1 second (FEV1) less than 50% of predicted normal prior to therapy, **AND**

Patient must have a history of repeated exacerbations with significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**

The treatment must be for symptomatic treatment.

**Note**

Patient must not be on a concomitant single agent long-acting beta-2 agonist.

This product is not indicated for the initiation of bronchodilator therapy in COPD.

**fluticasone propionate 500 microgram/actuation + salmeterol 50 microgram/actuation inhalation: powder for, 60 actuations**

| 8432T     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-----------|---------------|-------------|------------|---------|----------|--------------------------------|
| <b>NP</b> | ‡1            | 5           | ..         | 72.63   | 37.70    | Seretide Accuhaler 500/50 [GK] |

**fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation: pressurised, 120 actuations**

| 8519J     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | ‡1            | 5           | ..         | 72.63   | 37.70    | Seretide MDI 250/25 [GK]    |

▪ **FUSIDATE**

**Restricted benefit**

Serious staphylococcal infections

**Clinical criteria:**

The treatment must be used in combination with another antibiotic, **AND**

The condition must be proven to be due to a staphylococcus.

**fusidate sodium 250 mg tablet, 36**

| 2312Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 1           | ..         | 91.23   | 37.70    | Fucidin [CS]                |

▪ **HYDROCORTISONE ACETATE**

**Restricted benefit**

Corticosteroid-responsive dermatoses

**hydrocortisone acetate 1% (10 mg/g) cream, 50 g**

| 2881P     | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-----------|---------------|-------------|-------------------|---------|----------|--------------------------------|
| <b>NP</b> | ‡1            | 1           | ..                | 8.90    | 10.05    | <sup>a</sup> Cortic-DS 1% [FM] |
|           |               |             | <sup>B</sup> 2.70 |         | 10.05    | <sup>a</sup> Sigmacort [QA]    |

**hydrocortisone acetate 1% (10 mg/g) ointment, 50 g**

| 2882Q     | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-----------|---------------|-------------|-------------------|---------|----------|--------------------------------|
| <b>NP</b> | ‡1            | 1           | <sup>B</sup> 2.70 | 8.90    | 10.05    | <sup>a</sup> Sigmacort [QA]    |
|           |               |             | ..                |         | 10.05    | <sup>a</sup> Cortic-DS 1% [FM] |

**hydrocortisone acetate 1% (10 mg/g) cream, 30 g**

| 2887Y     | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-----------|---------------|-------------|-------------------|---------|----------|--------------------------------|
| <b>NP</b> | ‡1            | 1           | <sup>B</sup> 2.69 | 9.23    | 10.38    | <sup>a</sup> Sigmacort [QA]    |
|           |               |             | ..                |         | 10.38    | <sup>a</sup> Cortic-DS 1% [FM] |

**hydrocortisone acetate 1% (10 mg/g) ointment, 30 g**

| 2888B | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-------|---------------|-------------|-------------------|---------|----------|--------------------------------|
| NP    | ‡1            | 1           | <sup>B</sup> 2.69 | 9.23    | 10.38    | <sup>a</sup> Sigmacort [QA]    |
|       |               |             | ..                |         | 10.38    | <sup>a</sup> Cortic-DS 1% [FM] |

**■ HYDROCORTISONE ACETATE****Restricted benefit**

Corticosteroid-responsive dermatoses

**hydrocortisone acetate 1% (10 mg/g) cream, 30 g**

| 5111B | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-------|---------------|-------------|-------------------|---------|----------|--------------------------------|
| DP    | ‡1            | ..          | <sup>B</sup> 2.69 | 9.23    | 10.38    | <sup>a</sup> Sigmacort [QA]    |
|       |               |             | ..                |         | 10.38    | <sup>a</sup> Cortic-DS 1% [FM] |

**hydrocortisone acetate 1% (10 mg/g) ointment, 30 g**

| 5112C | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-------|---------------|-------------|-------------------|---------|----------|--------------------------------|
| DP    | ‡1            | ..          | <sup>B</sup> 2.69 | 9.23    | 10.38    | <sup>a</sup> Sigmacort [QA]    |
|       |               |             | ..                |         | 10.38    | <sup>a</sup> Cortic-DS 1% [FM] |

**hydrocortisone acetate 1% (10 mg/g) cream, 50 g**

| 5113D | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-------|---------------|-------------|-------------------|---------|----------|--------------------------------|
| DP    | ‡1            | ..          | <sup>B</sup> 2.70 | 8.90    | 10.05    | <sup>a</sup> Sigmacort [QA]    |
|       |               |             | ..                |         | 10.05    | <sup>a</sup> Cortic-DS 1% [FM] |

**hydrocortisone acetate 1% (10 mg/g) ointment, 50 g**

| 5114E | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|-------|---------------|-------------|-------------------|---------|----------|--------------------------------|
| DP    | ‡1            | ..          | ..                | 8.90    | 10.05    | <sup>a</sup> Cortic-DS 1% [FM] |
|       |               |             | <sup>B</sup> 2.70 |         | 10.05    | <sup>a</sup> Sigmacort [QA]    |

**■ HYDROMORPHONE****Caution**

The risk of drug dependence is high.

**Restricted benefit**

Severe disabling pain

**Clinical criteria:**

The condition must be unresponsive to non-narcotic analgesics.

**Note**

Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

**hydromorphone hydrochloride 2 mg tablet, 20**

| 5115F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| DP    | 1             | ..          | ..         | 17.45   | 18.60    | Dilaudid [MF]               |

**hydromorphone hydrochloride 4 mg tablet, 20**

| 5116G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| DP    | 1             | ..          | ..         | 20.19   | 21.34    | Dilaudid [MF]               |

**hydromorphone hydrochloride 8 mg tablet, 20**

| 5117H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| DP    | 1             | ..          | ..         | 30.37   | 31.52    | Dilaudid [MF]               |

**hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL**

| 5132D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| DP    | 1             | ..          | ..         | 64.04   | 37.70    | Dilaudid [MF]               |

**■ HYDROMORPHONE****Caution**

The risk of drug dependence is high.

**Restricted benefit**

Severe disabling pain

**Clinical criteria:**

The condition must be unresponsive to non-narcotic analgesics.

**Note**

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic

treatment is less than 12 months; or  
 (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or  
 (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

#### hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

| 8424J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 64.04   | 37.70    | Dilaudid [MF]               |

#### hydromorphone hydrochloride 2 mg tablet, 20

| 8541M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 17.45   | 18.60    | Dilaudid [MF]               |

#### hydromorphone hydrochloride 4 mg tablet, 20

| 8542N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 20.19   | 21.34    | Dilaudid [MF]               |

#### hydromorphone hydrochloride 8 mg tablet, 20

| 8543P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 30.37   | 31.52    | Dilaudid [MF]               |

### ■ HYDROMORPHONE

#### Caution

The risk of drug dependence is high.

#### Restricted benefit

Chronic severe disabling pain

#### Clinical criteria:

The condition must be unresponsive to non-narcotic analgesics.

#### Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) chronic severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
- (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

#### hydromorphone hydrochloride 4 mg tablet: modified release, 14 tablets

| 9299K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 31.29   | 32.44    | Jurnista [JC]               |

#### hydromorphone hydrochloride 8 mg tablet: modified release, 14 tablets

| 9406C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 36.75   | 37.70    | Jurnista [JC]               |

#### hydromorphone hydrochloride 16 mg tablet: modified release, 14 tablets

| 9407D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 53.16   | 37.70    | Jurnista [JC]               |

#### hydromorphone hydrochloride 32 mg tablet: modified release, 14 tablets

| 9408E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 89.04   | 37.70    | Jurnista [JC]               |

#### hydromorphone hydrochloride 64 mg tablet: modified release, 14 tablets

| 9409F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 149.72  | 37.70    | Jurnista [JC]               |

## ■ IBANDRONIC ACID

### Restricted benefit

Bone metastases

### Clinical criteria:

The condition must be due to breast cancer.

### 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.

## ibandronic acid 50 mg tablet, 28

9357L



| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | 2           | ..         | 342.68  | 37.70    | Bondronat [RO]              |

## ■ ICATIBANT

### Authority required

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Initial

### Clinical criteria:

Patient must have confirmed diagnosis of C1-esterase inhibitor deficiency, **AND**

Patient must have been assessed to be at significant risk of an acute attack of hereditary angioedema, **AND**

The condition must be assessed by a clinical immunologist; OR

The condition must be assessed by a respiratory physician; OR

The condition must be assessed by a specialist allergist; OR

The condition must be assessed by a general physician experienced in the management of patients with hereditary angioedema.

The name of the specialist consulted must be provided at the time of application for initial supply.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

### Authority required

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Continuing

### Clinical criteria:

Patient must have previously been issued with an authority prescription for this drug.

### Note

Icatibant should be provided in the framework of a comprehensive hereditary angioedema prophylaxis program and an emergency Action Plan including training in recognition of the symptoms of hereditary angioedema and the self-administration of icatibant. (For further information see the Australasian Society of Clinical Immunology and Allergy website at [www.allergy.org.au](http://www.allergy.org.au))

## ICATIBANT Injection 30 mg (as acetate) in 3 mL single use pre-filled syringe, 1

1976B

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | 1           | ..         | 2571.70 | 37.70    | Firazyr [ZI]                |

## ■ METHADONE

### Caution

The risk of drug dependence is high.

### Restricted benefit

Severe disabling pain

### Clinical criteria:

The condition must be unresponsive to non-narcotic analgesics.

### Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

**Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

#### methadone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

| 1606M     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | ..          | ..         | 49.65   | 37.70    | Physeptone [QA]             |

#### methadone hydrochloride 10 mg tablet, 20

| 1609Q     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | ..          | ..         | 15.57   | 16.72    | Physeptone [QA]             |

### ■ METRONIDAZOLE

#### Restricted benefit

Infection

#### **Clinical criteria:**

The condition must be due to anaerobic bacteria.

#### metronidazole 400 mg tablet, 21

| 1621H     | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    | Brand Name and Manufacturer     |
|-----------|---------------|-------------|-------------------|---------|----------|--------------------------------|---------------------------------|
| <b>NP</b> | 1             | 1           | ..                | 10.19   | 11.34    | <sup>a</sup> Metrogyl 400 [AF] | <sup>a</sup> Metronide 400 [AV] |
|           |               |             | <sup>b</sup> 2.30 |         | 11.34    | <sup>a</sup> Flagyl [SW]       |                                 |

### ■ MINOXIDIL

#### Authority required (STREAMLINED)

**4906**

Severe refractory hypertension

#### **Clinical criteria:**

The treatment must be initiated by a consultant physician.

#### **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.

#### minoxidil 10 mg tablet, 100

| 2313R     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | 5           | ..         | 60.61   | 37.70    | Loniten [PF]                |

### ■ MORPHINE

#### Caution

The risk of drug dependence is high.

#### Restricted benefit

Severe disabling pain

#### **Clinical criteria:**

The condition must be unresponsive to non-narcotic analgesics.

#### **Note**

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
- (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

#### morphine sulfate 30 mg tablet, 20

| 1646P     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | ..          | ..         | 14.37   | 15.52    | Anamorph [FM]               |

#### morphine hydrochloride 2 mg/mL oral liquid, 200 mL

| 2122Q     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | ..          | ..         | 20.67   | 21.82    | Ordine 2 [MF]               |

**morphine hydrochloride 5 mg/mL oral liquid, 200 mL**

| 2123R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 23.07   | 24.22    | Ordine 5 [MF]               |

**morphine hydrochloride 10 mg/mL oral liquid, 200 mL**

| 2124T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 27.20   | 28.35    | Ordine 10 [MF]              |

**■ MORPHINE****Caution**

The risk of drug dependence is high.

**Restricted benefit**

Chronic severe disabling pain

**Clinical criteria:**

The condition must be unresponsive to non-narcotic analgesics.

**Note**

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) chronic severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
- (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

**morphine sulfate 10 mg tablet: modified release, 28 tablets**

| 1653B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                      | Brand Name and Manufacturer   |
|-------|---------------|-------------|------------|---------|----------|------------------------------------------------------------------|-------------------------------|
| NP    | 1             | ..          | ..         | 20.38   | 21.53    | <sup>a</sup> MORPHINE MR APOTEX [TX] <sup>a</sup> MS Contin [MF] | <sup>a</sup> Momex SR 10 [QA] |

**morphine sulfate 30 mg tablet: modified release, 28 tablets**

| 1654C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                      | Brand Name and Manufacturer   |
|-------|---------------|-------------|------------|---------|----------|------------------------------------------------------------------|-------------------------------|
| NP    | 1             | ..          | ..         | 36.23   | 37.38    | <sup>a</sup> MORPHINE MR APOTEX [TX] <sup>a</sup> MS Contin [MF] | <sup>a</sup> Momex SR 30 [QA] |

**morphine sulfate 60 mg tablet: modified release, 28 tablets**

| 1655D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                      | Brand Name and Manufacturer   |
|-------|---------------|-------------|------------|---------|----------|------------------------------------------------------------------|-------------------------------|
| NP    | 1             | ..          | ..         | 54.82   | 37.70    | <sup>a</sup> MORPHINE MR APOTEX [TX] <sup>a</sup> MS Contin [MF] | <sup>a</sup> Momex SR 60 [QA] |

**morphine sulfate 100 mg tablet: modified release, 28 tablets**

| 1656E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                      | Brand Name and Manufacturer    |
|-------|---------------|-------------|------------|---------|----------|------------------------------------------------------------------|--------------------------------|
| NP    | 1             | ..          | ..         | 72.85   | 37.70    | <sup>a</sup> APOTEX-MORPHINE MR [TX] <sup>a</sup> MS Contin [MF] | <sup>a</sup> Momex SR 100 [QA] |

**morphine Capsule 20 mg (containing sustained release pellets), 28**

| 2839K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 25.35   | 26.50    | Kapanol [YN]                |

**morphine Capsule 50 mg (containing sustained release pellets), 28**

| 2840L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 43.65   | 37.70    | Kapanol [YN]                |

**morphine Capsule 100 mg (containing sustained release pellets), 28**

| 2841M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 70.81   | 37.70    | Kapanol [YN]                |

**morphine sulfate 5 mg tablet: modified release, 28 tablets**

| 8035X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 17.95   | 19.10    | MS Contin [MF]              |

**morphine Sachet containing controlled release granules for oral suspension, 30 mg per sachet, 28**

|       |               |             |            |         |          |                                 |
|-------|---------------|-------------|------------|---------|----------|---------------------------------|
| 8146R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer     |
| NP    | 1             | ..          | ..         | 62.41   | 37.70    | MS Contin Suspension 30 mg [MF] |

**morphine Sachet containing controlled release granules for oral suspension, 60 mg per sachet, 28**

|       |               |             |            |         |          |                                 |
|-------|---------------|-------------|------------|---------|----------|---------------------------------|
| 8305D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer     |
| NP    | 1             | ..          | ..         | 70.21   | 37.70    | MS Contin Suspension 60 mg [MF] |

**morphine sulfate 100 mg granules: modified release, 28 sachets**

|       |               |             |            |         |          |                                  |
|-------|---------------|-------------|------------|---------|----------|----------------------------------|
| 8306E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer      |
| NP    | 1             | ..          | ..         | 86.71   | 37.70    | MS Contin Suspension 100 mg [MF] |

**morphine Capsule 10 mg (containing sustained release pellets), 28**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8349K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 20.37   | 21.52    | Kapanol [YN]                |

**morphine sulfate 15 mg tablet: modified release, 28 tablets**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8489T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 24.57   | 25.72    | MS Contin [MF]              |

**morphine sulfate 20 mg granules: modified release, 28 sachets**

|       |               |             |            |         |          |                                 |
|-------|---------------|-------------|------------|---------|----------|---------------------------------|
| 8490W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer     |
| NP    | 1             | ..          | ..         | 60.63   | 37.70    | MS Contin Suspension 20 mg [MF] |

**morphine sulfate 30 mg capsule: modified release, 14 capsules**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8491X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 24.56   | 25.71    | MS Mono [MF]                |

**morphine sulfate 60 mg capsule: modified release, 14 capsules**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8492Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 36.21   | 37.36    | MS Mono [MF]                |

**morphine sulfate 90 mg capsule: modified release, 14 capsules**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8493B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 41.76   | 37.70    | MS Mono [MF]                |

**morphine sulfate 120 mg capsule: modified release, 14 capsules**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8494C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 54.81   | 37.70    | MS Mono [MF]                |

**■ MORPHINE****Caution**

The risk of drug dependence is high.

**Restricted benefit**

Severe disabling pain

**Clinical criteria:**

The condition must be unresponsive to non-narcotic analgesics.

**Note**

Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

**morphine sulfate 30 mg tablet, 20**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5163R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| DP    | 1             | ..          | ..         | 14.37   | 15.52    | Anamorph [FM]               |

**morphine hydrochloride 2 mg/mL oral liquid, 200 mL**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5237P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| DP    | 1             | ..          | ..         | 20.67   | 21.82    | Ordine 2 [MF]               |

**morphine hydrochloride 5 mg/mL oral liquid, 200 mL**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5238Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| DP    | 1             | ..          | ..         | 23.07   | 24.22    | Ordine 5 [MF]               |

**morphine hydrochloride 10 mg/mL oral liquid, 200 mL**

| 5239R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| DP    | 1             | ..          | ..         | 27.20   | 28.35    | Ordine 10 [MF]              |

**■ MORPHINE****Caution**

The risk of drug dependence is high.

**Authority required**

Chronic severe disabling pain

**Clinical criteria:**

The condition must be due to cancer, **AND**

The condition must be unresponsive to non-narcotic analgesics.

**morphine sulfate 200 mg tablet: modified release, 28 tablets**

| 8453X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 122.20  | 37.70    | MS Contin [MF]              |

**morphine sulfate 200 mg granules: modified release, 28 sachets**

| 8454Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer      |
|-------|---------------|-------------|------------|---------|----------|----------------------------------|
| NP    | 1             | ..          | ..         | 164.09  | 37.70    | MS Contin Suspension 200 mg [MF] |

**■ MORPHINE****Caution**

The risk of drug dependence is high.

**Restricted benefit**

Severe disabling pain

**Clinical criteria:**

The condition must be due to cancer, **AND**

The condition must be unresponsive to non-narcotic analgesics.

**morphine sulfate 10 mg tablet, 20**

| 8669G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 14.66   | 15.81    | Sevredol [MF]               |

**morphine sulfate 20 mg tablet, 20**

| 8670H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 15.60   | 16.75    | Sevredol [MF]               |

**■ MOXONIDINE****Restricted benefit**

Hypertension

**Clinical criteria:**

Patient must be receiving concurrent antihypertensive therapy.

**moxonidine 200 microgram tablet, 30**

| 9019Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | 5           | ..         | 19.87   | 21.02    | Physiotens [GO]             |

**moxonidine 400 microgram tablet, 30**

| 9020R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | 5           | ..         | 29.12   | 30.27    | Physiotens [GO]             |

**■ OXYCODONE****Caution**

The risk of drug dependence is high.

**Restricted benefit**

Severe disabling pain

**Clinical criteria:**

The condition must be unresponsive to non-narcotic analgesics.

**Note**

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic

analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or  
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

#### oxycodone 30 mg suppository, 12

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 2481N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 44.00   | 37.70    | Proladone [PL]              |

#### oxycodone hydrochloride 5 mg tablet, 20

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 2622B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 12.14   | 13.29    | Endone [QA]                 |

#### oxycodone hydrochloride 5 mg capsule, 20

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8464L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 12.14   | 13.29    | OxyNorm [MF]                |

#### oxycodone hydrochloride 10 mg capsule, 20

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8501K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 14.76   | 15.91    | OxyNorm [MF]                |

#### oxycodone hydrochloride 20 mg capsule, 20

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8502L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 18.72   | 19.87    | OxyNorm [MF]                |

#### oxycodone hydrochloride 5 mg/5 mL oral liquid, 250 mL

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8644Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | 1             | ..          | ..         | 21.07   | 22.22    | OxyNorm Liquid 5mg/5mL [MF] |

### ■ OXYCODONE

#### Caution

The risk of drug dependence is high.

#### Restricted benefit

Severe disabling pain

#### Clinical criteria:

The condition must be unresponsive to non-narcotic analgesics.

#### Note

Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

#### oxycodone hydrochloride 5 mg/5 mL oral liquid, 250 mL

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5190E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| DP    | 1             | ..          | ..         | 21.07   | 22.22    | OxyNorm Liquid 5mg/5mL [MF] |

#### oxycodone hydrochloride 5 mg capsule, 20

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5191F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| DP    | 1             | ..          | ..         | 12.14   | 13.29    | OxyNorm [MF]                |

#### oxycodone 30 mg suppository, 12

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5194J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| DP    | 1             | ..          | ..         | 44.00   | 37.70    | Proladone [PL]              |

#### oxycodone hydrochloride 5 mg tablet, 20

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5195K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| DP    | 1             | ..          | ..         | 12.14   | 13.29    | Endone [QA]                 |

#### oxycodone hydrochloride 10 mg capsule, 20

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5197M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| DP    | 1             | ..          | ..         | 14.76   | 15.91    | OxyNorm [MF]                |

### ■ OXYCODONE + NALOXONE

#### Caution

The risk of drug dependence is high.

**Restricted benefit**

Chronic severe disabling pain

**Clinical criteria:**

The condition must be unresponsive to non-narcotic analgesics.

**Note**

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) chronic severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
- (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

**Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg tablet: modified release, 28 tablets**

| 8000C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 29.71   | 30.86    | Targin 5/2.5mg [MF]         |

**oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg tablet: modified release, 28 tablets**

| 8934F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 31.01   | 32.16    | Targin 10/5mg [MF]          |

**oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg tablet: modified release, 28 tablets**

| 8935G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 47.19   | 37.70    | Targin 20/10mg [MF]         |

**oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg tablet: modified release, 28 tablets**

| 8936H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | ..          | ..         | 73.62   | 37.70    | Targin 40/20mg [MF]         |

**■ PARACETAMOL****Restricted benefit**

Chronic arthropathies

**paracetamol 500 mg tablet, 100**

| 5224Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                           |
|-------|---------------|-------------|------------|---------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| DP    | 3             | ..          | ..         | *12.46  | 13.61    | <sup>a</sup> APO-Paracetamol [TX]<br><sup>a</sup> Generic Health Pty Ltd [GQ]<br><sup>a</sup> Paracetamol (Sandoz) [SZ]<br><sup>a</sup> Parapane [AF] | <sup>a</sup> Febridol [GN]<br><sup>a</sup> Panamax [SW]<br><sup>a</sup> Paralgin [FM] |

**paracetamol 500 mg tablet, 100**

| 8784H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                                                           | Brand Name and Manufacturer                                                           |
|-------|---------------|-------------|------------|---------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| NP    | 3             | 4           | ..         | *12.46  | 13.61    | <sup>a</sup> APO-Paracetamol [TX]<br><sup>a</sup> Generic Health Pty Ltd [GQ]<br><sup>a</sup> Paracetamol (Sandoz) [SZ]<br><sup>a</sup> Parapane [AF] | <sup>a</sup> Febridol [GN]<br><sup>a</sup> Panamax [SW]<br><sup>a</sup> Paralgin [FM] |

**■ PARACETAMOL****Restricted benefit**

Persistent pain

**Clinical criteria:**

The condition must be associated with osteoarthritis.

**paracetamol 665 mg tablet: modified release, 96 tablets**

| 8814X | Max.Qty Packs | No. of Rpts | Premium \$              | DPMQ \$ | MRVSN \$       | Brand Name and Manufacturer                                                   |
|-------|---------------|-------------|-------------------------|---------|----------------|-------------------------------------------------------------------------------|
| NP    | 2             | 5           | <sup>B</sup> 1.64<br>.. | *15.34  | 16.49<br>16.49 | <sup>a</sup> Panadol Osteo [GC]<br><sup>a</sup> Osteomol 665 Paracetamol [CR] |

## ■ PARACETAMOL + CODEINE

### Note

Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of codeine phosphate with paracetamol.

### CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg, 20

| 1215Y     | Max.Qty Packs | No. of Rpts | Premium \$              | DPMQ \$ | MRVSN \$     | Brand Name and Manufacturer                                                                                                                                                   | Brand Name and Manufacturer                                                                              |
|-----------|---------------|-------------|-------------------------|---------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>NP</b> | 1             | ..          | <sup>B</sup> 2.40<br>.. | 7.68    | 8.83<br>8.83 | <sup>a</sup> Panadeine Forte [SW]<br><sup>a</sup> APO- Paracetamol/Codeine 500/30 [TX]<br><sup>a</sup> Codapane Forte [AL]<br><sup>a</sup> Paracetamol/Codeine GH 500/30 [GQ] | <sup>a</sup> Codalgin Forte [FM]<br><sup>a</sup> Comfarol Forte [SZ]<br><sup>a</sup> Prodeine Forte [AV] |

## ■ PARACETAMOL + CODEINE

### Authority required

Severe disabling pain

### Clinical criteria:

The condition must be unresponsive to non-narcotic analgesics.

### Note

Each authority approval will be limited to no more than 240 tablets per month for no more than 6 months.

### CODEINE PHOSPHATE with PARACETAMOL Tablet 30 mg-500 mg, 20

| 8785J     | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                                              | Brand Name and Manufacturer                                                                              |
|-----------|---------------|-------------|-------------------|---------|----------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>NP</b> | 3             | ..          | ..                | *9.52   | 10.67    | <sup>a</sup> APO- Paracetamol/Codeine 500/30 [TX]<br><sup>a</sup> Codapane Forte [AL]<br><sup>a</sup> Paracetamol/Codeine GH 500/30 [GQ] | <sup>a</sup> Codalgin Forte [FM]<br><sup>a</sup> Comfarol Forte [SZ]<br><sup>a</sup> Prodeine Forte [AV] |
|           |               |             | <sup>B</sup> 7.20 |         | 10.67    | <sup>a</sup> Panadeine Forte [SW]                                                                                                        |                                                                                                          |

## ■ PEGINTERFERON BETA-1A

### Authority required (STREAMLINED)

**4881**

Multiple sclerosis

Treatment Phase: Initial treatment

### Clinical criteria:

The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR

The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**

Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years, **AND**

Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

### Note

No increase in the maximum quantity or number of units may be authorised.

No increase in the maximum number of repeats may be authorised.

### peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices

| 10212L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 4           | ..         | 1057.11 | 37.70    | Plegridy [BD]               |

### peginterferon beta-1a 63 microgram/0.5 mL injection [0.5 mL injection device] (&) peginterferon beta-1a 94 microgram/0.5 mL injection [0.5 mL injection device], 1 pack

| 10218T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | ±1            | ..          | ..         | 1057.11 | 37.70    | Plegridy [BD]               |

## ■ PEGINTERFERON BETA-1A

### Authority required (STREAMLINED)

**4887**

Multiple sclerosis

Treatment Phase: Continuing treatment

### Clinical criteria:

The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**

Patient must have previously been issued with an authority prescription for this drug, **AND**  
 Patient must not show continuing progression of disability while on treatment with this drug, **AND**  
 Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

**Note**

No increase in the maximum quantity or number of units may be authorised.

No increase in the maximum number of repeats may be authorised.

**peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL injection devices**

| 10220X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 5           | ..         | 1057.11 | 37.70    | Plegridy [BD]               |

▪ **SALCATONIN**

**Authority required (STREAMLINED)**

**4938**

Symptomatic Paget disease of bone

**Authority required (STREAMLINED)**

**4918**

Hypercalcaemia

**Clinical criteria:**

The treatment must be initiated in a hospital.

**Note**

The maximum quantities for salcatonin shown represent the number of individual ampoules and NOT multiples of the manufacturer's packs. The pack size for both strengths is five ampoules.

**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.

**salcatonin 100 international units/mL injection, 5 x 1 mL ampoules**

| 2997R                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | 3             | 5           | ..         | *161.47 | 37.70    | Miacalcin 100 [NV]          |

▪ **SAPROPTERIN**

**Authority required**

Hyperphenylalaninaemia

Treatment Phase: Initial

**Clinical criteria:**

Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

The authority application must be made in writing.

**Note**

Patients will be eligible for a maximum of one script as initial therapy to enable their response to treatment with sapropterin to be assessed.

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Prior Written Approval of Complex Drugs

Reply Paid 9826

GPO Box 9826

HOBART TAS 7001

**sapropterin dihydrochloride 100 mg tablet: soluble, 30 tablets**

| 10086W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 6             | ..          | ..         | *5306.74 | 37.70    | Kuvan [SG]                  |

▪ **TIAGABINE**

**Authority required (STREAMLINED)**

**4928**

Partial epileptic seizures

**Clinical criteria:**

The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

**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.

**tiagabine 5 mg tablet, 50**

| 8221Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 2             | 5           | ..         | *72.96  | 37.70    | Gabitril [OA]               |

**tiagabine 10 mg tablet, 50**

| 8222R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 2             | 5           | ..         | *139.18 | 37.70    | Gabitril [OA]               |

**tiagabine 15 mg tablet, 50**

| 8223T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 2             | 5           | ..         | *197.24 | 37.70    | Gabitril [OA]               |

**■ VIGABATRIN****Caution**

Visual field defects have been reported with this drug.

**Authority required (STREAMLINED)****4929**

Epileptic seizures

**Clinical criteria:**

The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

**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.

**vigabatrin 500 mg tablet, 100**

| 2667J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | 5           | ..         | 119.11  | 37.70    | Sabril [SW]                 |

**vigabatrin 500 mg oral liquid: powder for, 60 x 500 mg sachets**

| 2668K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 1             | 5           | ..         | 79.48   | 37.70    | Sabril [SW]                 |

**■ VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE****Authority required**

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 an infant or a child.

**Note**

Paediatric Seravit must only be used under strict supervision of a dietitian and a paediatrician.

**vitamins, minerals and trace elements with carbohydrate oral liquid: powder for, 200 g**

| 9328Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP    | 6             | 5           | ..         | *390.76 | 37.70    | Paediatric Seravit [SB]     |

**■ WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, VITAMINS AND MINERALS, AND LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE****Authority required**

Chronic renal failure

**Clinical criteria:**

Patient must require treatment with a low protein and a low phosphorus diet; OR

Patient must require treatment with a low protein, low phosphorus and low potassium diet.

**Population criteria:**

Patient must be an infant or a young child.

**whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose oral liquid: powder for, 400 g**

|       |               |             |            |          |          |                             |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
| 8587Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|       | 16            | 5           | ..         | *1066.28 | 37.70    | Kindergen [SB]              |



# Palliative Care

## ■ FENTANYL

### Caution

The risk of drug dependence is high.

### Authority required

Breakthrough pain

Treatment Phase: Continuing treatment

### Clinical criteria:

Patient must have cancer, **AND**

Patient must be receiving opioids for their persistent pain, **AND**

Patient must be unable to tolerate further escalation in the dose of morphine for breakthrough pain due to adverse effects.

### Treatment criteria:

Patient must be undergoing palliative care.

### Note

For first continuing supply, applications for increased repeats for up to 3 months' supply may be authorised.

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Telephone approvals are limited to 1 month's therapy.

### Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

### FENTANYL Lozenge 200 micrograms (as citrate), 30

| 5407N                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | 2             | ..          | ..         | *579.77 | 37.70    | Actiq [OA]                  |

### FENTANYL Lozenge 400 micrograms (as citrate), 30

| 5408P                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | 2             | ..          | ..         | *579.77 | 37.70    | Actiq [OA]                  |

### FENTANYL Lozenge 600 micrograms (as citrate), 30

| 5409Q                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | 2             | ..          | ..         | *579.77 | 37.70    | Actiq [OA]                  |

### FENTANYL Lozenge 800 micrograms (as citrate), 30

| 5410R                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | 2             | ..          | ..         | *579.77 | 37.70    | Actiq [OA]                  |

### FENTANYL Lozenge 1200 micrograms (as citrate), 30

| 5411T                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | 2             | ..          | ..         | *579.77 | 37.70    | Actiq [OA]                  |

### FENTANYL Lozenge 1600 micrograms (as citrate), 30

| 5412W                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | 2             | ..          | ..         | *579.77 | 37.70    | Actiq [OA]                  |

## ■ METHADONE

### Caution

The risk of drug dependence is high.

### Authority required

Chronic severe disabling pain  
 Treatment Phase: Initial treatment, for up to 3 months  
**Clinical criteria:**  
 Patient must be receiving palliative care, **AND**  
 The condition must be unresponsive to non-narcotic analgesics.

**Note**

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Telephone approvals are limited to 1 month's therapy.

**Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**methadone hydrochloride 5 mg/mL oral liquid, 200 mL**

| 5399E                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------|
|  | 1             | 2           | ..         | 19.25   | 20.40    | Aspen Methadone Syrup [QA]  |                             |

▪ **METHADONE**

**Caution**

The risk of drug dependence is high.

**Authority required**

Chronic severe disabling pain  
 Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must be receiving palliative care, **AND**  
 The condition must be unresponsive to non-narcotic analgesics.

**Note**

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Telephone approvals are limited to 1 month's therapy.

**Shared Care Model:**

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

**methadone hydrochloride 5 mg/mL oral liquid, 200 mL**

| 5400F                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------|
|  | 1             | ..          | ..         | 19.25   | 20.40    | Aspen Methadone Syrup [QA]  |                             |

▪ **MORPHINE**

**Caution**

The risk of drug dependence is high.

**Authority required**

Chronic severe disabling pain  
 Treatment Phase: Initial treatment, for up to 3 months

**Clinical criteria:**

Patient must be receiving palliative care, **AND**  
 The condition must be unresponsive to non-narcotic analgesics.

**Note**

Telephone approvals are limited to 1 month's therapy.

**morphine sulfate 200 mg tablet: modified release, 28 tablets**

| 5391R                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------|
|  | 1             | 2           | ..         | 122.20  | 37.70    | MS Contin [MF]              |                             |

▪ **MORPHINE**

**Caution**

The risk of drug dependence is high.

**Authority required**

Chronic severe disabling pain  
 Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must be receiving palliative care, **AND**  
 The condition must be unresponsive to non-narcotic analgesics.

**Note**

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Telephone approvals are limited to 1 month's therapy.

**morphine sulfate 200 mg tablet: modified release, 28 tablets**

5392T

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | ..          | ..         | 122.20  | 37.70    | MS Contin [MF]              |

**■ MORPHINE****Caution**

The risk of drug dependence is high.

**Authority required**

Severe disabling pain

Treatment Phase: Initial treatment, for up to 3 months

**Clinical criteria:**

Patient must be receiving palliative care, **AND**

The condition must be unresponsive to non-narcotic analgesics.

**Note**

Telephone approvals are limited to 1 month's therapy.

**morphine sulfate 10 mg tablet, 20**

5393W

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | 2           | ..         | 14.66   | 15.81    | Sevredol [MF]               |

**morphine sulfate 20 mg tablet, 20**

5394X

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | 2           | ..         | 15.60   | 16.75    | Sevredol [MF]               |

**■ MORPHINE****Caution**

The risk of drug dependence is high.

**Authority required**

Severe disabling pain

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must be receiving palliative care, **AND**

The condition must be unresponsive to non-narcotic analgesics.

**Note**

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Telephone approvals are limited to 1 month's therapy.

**morphine sulfate 10 mg tablet, 20**

5395Y

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | ..          | ..         | 14.66   | 15.81    | Sevredol [MF]               |

**morphine sulfate 20 mg tablet, 20**

5396B

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | ..          | ..         | 15.60   | 16.75    | Sevredol [MF]               |

**■ PARACETAMOL****Authority required (STREAMLINED)**

**4940**

Analgesia or fever

Treatment Phase: Initial treatment, for up to 4 months

**Clinical criteria:**

Patient must be receiving palliative care, **AND**

Patient must be intolerant to alternative therapy.

**paracetamol 500 mg suppository, 24**

5319Y

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 4             | 3           | ..         | *84.80  | 37.70    | Panadol [GC]                |

**paracetamol 665 mg tablet: modified release, 96 tablets**

5343F

NP

| Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                |
|---------------|-------------|-------------------|---------|----------|--------------------------------------------|
| 2             | 3           | <sup>B</sup> 1.64 | *15.34  | 16.49    | <sup>a</sup> Panadol Osteo [GC]            |
|               |             | ..                |         | 16.49    | <sup>a</sup> Osteomol 665 Paracetamol [CR] |

**■ PARACETAMOL****Authority required (STREAMLINED)****4950**

Analgesia or fever

Treatment Phase: Continuing treatment

**Clinical criteria:**Patient must be receiving palliative care, **AND**

Patient must be intolerant to alternative therapy.

**Note**

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

**paracetamol 500 mg suppository, 24**

5320B

NP

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 4             | ..          | ..         | *84.80  | 37.70    | Panadol [GC]                |

**paracetamol 665 mg tablet: modified release, 96 tablets**

5344G

NP

| Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                |
|---------------|-------------|-------------------|---------|----------|--------------------------------------------|
| 2             | ..          | ..                | *15.34  | 16.49    | <sup>a</sup> Osteomol 665 Paracetamol [CR] |
|               |             | <sup>B</sup> 1.64 |         | 16.49    | <sup>a</sup> Panadol Osteo [GC]            |

# Highly Specialised Drugs Program (Public Hospital)

## ■ ANAKINRA

### Authority required (STREAMLINED)

**4920**

Moderate to severe cryopyrin associated periodic syndromes (CAPS)

### **Treatment criteria:**

Must be treated by a rheumatologist or in consultation with a rheumatologist.

A diagnosis of CAPS must be documented in the patient's medical records.

### **Note**

This drug is not PBS-subsidised for conditions other than CAPS.

### **anakinra 100 mg/0.67 mL injection, 28 x 0.67 mL syringes**

| 10264F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1650.00 | Kineret [FK]                |

## ■ IVACAFTOR

### Authority required

Cystic fibrosis

Treatment Phase: Initial treatment – New patients

### **Clinical criteria:**

Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**

Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; OR

Patient must have other gating (class III) mutation in the CFTR gene on at least 1 allele, **AND**

Patient must not receive more than 24 weeks of treatment under this restriction, **AND**

The treatment must be given concomitantly with standard therapy for this condition.

### **Population criteria:**

Patient must be 6 years of age or older.

Patients receiving PBS-subsidised ivacaftor must be registered in the Australian Cystic Fibrosis Database Registry.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

Dosage of ivacaftor must not exceed the dose of 150 mg twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of 150 mg daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, prednisone, rufinamide.

The authority application must be in writing and must include:

(1) a completed authority prescription form; and

- (2) a completed Cystic Fibrosis Ivacaftor Authority Application Supporting Information Form; and
- (3) a signed patient acknowledgement; or an acknowledgement signed by a parent or authorised guardian, if applicable; and
- (4) a copy of the pathology report detailing the molecular testing for G551D mutation or other gating (class III) mutation on the CFTR gene; and
- (5) the result of a FEV1 measurement performed within a month prior to the date of application. Note: FEV1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV1 is measured; and
- (6) evidence that the patient has either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities; and
- (7) a copy of a current medication history, including any CYP3A4 inhibitors and/or CYP3A4 inducers; and
- (8) a copy of a sweat chloride result; and
- (9) height and weight measurements at the time of application; and
- (10) a baseline measurement of the number of days of CF-related hospitalisation (including hospital-in-the home) in the previous 12 months.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**

Patient must have received PBS-subsidised initial therapy with ivacaftor, given concomitantly with standard therapy, for this condition, **AND**

Patient must not receive more than 24 weeks of treatment under this restriction, **AND**

The treatment must be given concomitantly with standard therapy for this condition.

#### **Population criteria:**

Patient must be 6 years of age or older.

Patients receiving PBS-subsidised ivacaftor must be registered in the Australian Cystic Fibrosis Database Registry.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

Patients who have an acute infective exacerbation at the time of assessment for continuing therapy may receive an additional one month's supply in order to enable the assessment to be repeated following resolution of the exacerbation.

Dosage of ivacaftor must not exceed the dose of 150 mg twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of 150 mg daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, prednisone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Cystic Fibrosis Ivacaftor Authority Continuing Application Supporting Information Form; and
- (3) the result of a FEV1 measurement performed within one month prior to the date of application. Note: FEV1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV1 is measured; and
- (4) a copy of a current medication history, including any CYP3A4 inhibitors and/or CYP3A4 inducers; and
- (5) a recent sweat chloride result; and
- (6) height and weight measurements at the time of application; and
- (7) a measurement of number of days of CF-related hospitalisation (including hospital in the home) in the previous 6 months.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment - Grandfather patients

#### **Clinical criteria:**

Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**

Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; OR

Patient must have other gating (class III) mutation in the CFTR gene on at least 1 allele, **AND**

Patient must have received treatment with ivacaftor for this condition prior to 1 December 2014, **AND**  
 Patient must have received treatment with ivacaftor within the last 6 months at the time of application, **AND**  
 Patient must not receive more than 24 weeks of treatment under this restriction, **AND**  
 The treatment must be given concomitantly with standard therapy for this condition.

**Population criteria:**

Patient must be 6 years of age or older.

Patients receiving PBS-subsidised ivacaftor must be registered in the Australian Cystic Fibrosis Database Registry.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

Dosage of ivacaftor must not exceed the dose of 150 mg twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of 150 mg daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, prednisone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Cystic Fibrosis Ivacaftor Application Supporting Information Form; and
- (3) a signed patient acknowledgement; or an acknowledgement signed by a parent or authorised guardian, if applicable; and
- (4) a copy of the pathology report detailing the molecular testing for G551D mutation or other gating (class III) mutation on the CFTR gene performed prior to commencing treatment with ivacaftor; and
- (5) the result of a FEV1 measurement performed prior to commencing treatment with ivacaftor for this condition; and
- (6) the result of a FEV1 measurement performed within a month prior to date of application. Note: FEV1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV1 is measured; and
- (7) evidence that the patient had either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities prior to commencing treatment with ivacaftor for this condition; and
- (8) a copy of a current medication history, including any CYP3A4 inhibitors and/or CYP3A4 inducers; and
- (9) a copy of sweat chloride result performed prior to commencing treatment with ivacaftor for this condition; and
- (10) a recent sweat chloride result prior to commencing PBS-subsidised ivacaftor; and
- (11) height and weight measurements at the time of application; and
- (12) height and weight measurements performed immediately prior to commencement of ivacaftor; and
- (13) a baseline measurement of number of days of CF-related hospitalisation (including hospital-in-the home) in the 12 months prior to commencement of ivacaftor; and
- (14) a measurement of the number of days of CF-related hospitalisation (including hospital-in the home) in the 6 months prior to the date of application; and
- (15) dates of prior ivacaftor therapy.

**Note**

Special Pricing Arrangements apply.

No increase in the maximum number of repeats may be authorised.

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Prior Written Approval of Complex Drugs

Reply Paid 9826

GPO Box 9826

HOBART TAS 7001

**ivacaftor 150 mg tablet, 56**

| 10170G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 22500.00 | Kalydeco [VR]               |

# Highly Specialised Drugs Program (Private Hospital)

## ■ ANAKINRA

### Authority required (STREAMLINED)

**4920**

Moderate to severe cryopyrin associated periodic syndromes (CAPS)

### **Treatment criteria:**

Must be treated by a rheumatologist or in consultation with a rheumatologist.

A diagnosis of CAPS must be documented in the patient's medical records.

### **Note**

This drug is not PBS-subsidised for conditions other than CAPS.

### **anakinra 100 mg/0.67 mL injection, 28 x 0.67 mL syringes**

| 10263E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|-----------------------------|
|        | 1             | 5           | ..         | 1696.76 | Kineret [FK]                |

## ■ IVACAFTOR

### Authority required

Cystic fibrosis

Treatment Phase: Initial treatment – New patients

### **Clinical criteria:**

Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**

Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; OR

Patient must have other gating (class III) mutation in the CFTR gene on at least 1 allele, **AND**

Patient must not receive more than 24 weeks of treatment under this restriction, **AND**

The treatment must be given concomitantly with standard therapy for this condition.

### **Population criteria:**

Patient must be 6 years of age or older.

Patients receiving PBS-subsidised ivacaftor must be registered in the Australian Cystic Fibrosis Database Registry.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

Dosage of ivacaftor must not exceed the dose of 150 mg twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of 150 mg daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, prednisone, rufinamide.

The authority application must be in writing and must include:

(1) a completed authority prescription form; and

- (2) a completed Cystic Fibrosis Ivacaftor Authority Application Supporting Information Form; and
- (3) a signed patient acknowledgement; or an acknowledgement signed by a parent or authorised guardian, if applicable; and
- (4) a copy of the pathology report detailing the molecular testing for G551D mutation or other gating (class III) mutation on the CFTR gene; and
- (5) the result of a FEV1 measurement performed within a month prior to the date of application. Note: FEV1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV1 is measured; and
- (6) evidence that the patient has either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities; and
- (7) a copy of a current medication history, including any CYP3A4 inhibitors and/or CYP3A4 inducers; and
- (8) a copy of a sweat chloride result; and
- (9) height and weight measurements at the time of application; and
- (10) a baseline measurement of the number of days of CF-related hospitalisation (including hospital-in-the home) in the previous 12 months.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**

Patient must have received PBS-subsidised initial therapy with ivacaftor, given concomitantly with standard therapy, for this condition, **AND**

Patient must not receive more than 24 weeks of treatment under this restriction, **AND**

The treatment must be given concomitantly with standard therapy for this condition.

#### **Population criteria:**

Patient must be 6 years of age or older.

Patients receiving PBS-subsidised ivacaftor must be registered in the Australian Cystic Fibrosis Database Registry.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

Patients who have an acute infective exacerbation at the time of assessment for continuing therapy may receive an additional one month's supply in order to enable the assessment to be repeated following resolution of the exacerbation.

Dosage of ivacaftor must not exceed the dose of 150 mg twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of 150 mg daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, prednisone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Cystic Fibrosis Ivacaftor Authority Continuing Application Supporting Information Form; and
- (3) the result of a FEV1 measurement performed within one month prior to the date of application. Note: FEV1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV1 is measured; and
- (4) a copy of a current medication history, including any CYP3A4 inhibitors and/or CYP3A4 inducers; and
- (5) a recent sweat chloride result; and
- (6) height and weight measurements at the time of application; and
- (7) a measurement of number of days of CF-related hospitalisation (including hospital in the home) in the previous 6 months.

#### **Authority required**

Cystic fibrosis

Treatment Phase: Initial treatment - Grandfather patients

#### **Clinical criteria:**

Patient must be assessed through a cystic fibrosis clinic/centre which is under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be in consultation with such a unit, **AND**

Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; OR

Patient must have other gating (class III) mutation in the CFTR gene on at least 1 allele, **AND**

Patient must have received treatment with ivacaftor for this condition prior to 1 December 2014, **AND**  
 Patient must have received treatment with ivacaftor within the last 6 months at the time of application, **AND**  
 Patient must not receive more than 24 weeks of treatment under this restriction, **AND**  
 The treatment must be given concomitantly with standard therapy for this condition.

**Population criteria:**

Patient must be 6 years of age or older.

Patients receiving PBS-subsidised ivacaftor must be registered in the Australian Cystic Fibrosis Database Registry.

Treatment must not be given to a patient who has an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing this drug.

Dosage of ivacaftor must not exceed the dose of 150 mg twice a week, if the patient is concomitantly receiving one of the following strong CYP3A4 drugs inhibitors: boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole.

Where a patient is concomitantly receiving a strong CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 28 weeks.

Dosage of ivacaftor must not exceed the dose of 150 mg daily, if the patient is concomitantly receiving one of the following moderate CYP3A4 inhibitors: amprenavir, aprepitant, atazanavir, darunavir/ritonavir, diltiazem, erythromycin, fluconazole, fosamprenavir, imatinib, verapamil.

Where a patient is concomitantly receiving a moderate CYP3A4 inhibitor, a single supply of 56 tablets of ivacaftor will last for 8 weeks.

Ivacaftor is not PBS-subsidised for this condition as a sole therapy.

Ivacaftor is not PBS-subsidised for this condition in a patient who is currently receiving one of the following CYP3A4 inducers:

Strong CYP3A4 inducers: avasimibe, carbamazepine, phenobarbital, phenytoin, rifabutin, rifampicin, St. John's wort

Moderate CYP3A4 inducers: bosentan, efavirenz, etravirine, modafinil, nafcillin

Weak CYP3A4 inducers: armodafinil, echinacea, pioglitazone, prednisone, rufinamide.

The authority application must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Cystic Fibrosis Ivacaftor Application Supporting Information Form; and
- (3) a signed patient acknowledgement; or an acknowledgement signed by a parent or authorised guardian, if applicable; and
- (4) a copy of the pathology report detailing the molecular testing for G551D mutation or other gating (class III) mutation on the CFTR gene performed prior to commencing treatment with ivacaftor; and
- (5) the result of a FEV1 measurement performed prior to commencing treatment with ivacaftor for this condition; and
- (6) the result of a FEV1 measurement performed within a month prior to date of application. Note: FEV1, must be measured in an accredited pulmonary function laboratory, with documented no acute infective exacerbation at the time FEV1 is measured; and
- (7) evidence that the patient had either chronic sinopulmonary disease or gastrointestinal and nutritional abnormalities prior to commencing treatment with ivacaftor for this condition; and
- (8) a copy of a current medication history, including any CYP3A4 inhibitors and/or CYP3A4 inducers; and
- (9) a copy of sweat chloride result performed prior to commencing treatment with ivacaftor for this condition; and
- (10) a recent sweat chloride result prior to commencing PBS-subsidised ivacaftor; and
- (11) height and weight measurements at the time of application; and
- (12) height and weight measurements performed immediately prior to commencement of ivacaftor; and
- (13) a baseline measurement of number of days of CF-related hospitalisation (including hospital-in-the home) in the 12 months prior to commencement of ivacaftor; and
- (14) a measurement of the number of days of CF-related hospitalisation (including hospital-in the home) in the 6 months prior to the date of application; and
- (15) dates of prior ivacaftor therapy.

**Note**

Special Pricing Arrangements apply.

No increase in the maximum number of repeats may be authorised.

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

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services

Prior Written Approval of Complex Drugs

Reply Paid 9826

GPO Box 9826

HOBART TAS 7001

**ivacaftor 150 mg tablet, 56**

| 10175M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|-----------------------------|
|        | 1             | 5           | ..         | 22546.76 | Kalydeco [VR]               |