



**Australian Government**

**Department of Health**



# Schedule of Pharmaceutical Benefits

Summary of Changes

**Effective 1 July 2015**



---

# Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 July 2015 and are included, where applicable, in prices published in the Schedule —

|                                          |                                      |           |
|------------------------------------------|--------------------------------------|-----------|
| Dispensing Fees:                         | Ready-prepared                       | \$6.93    |
|                                          | Dangerous drug fee                   | \$2.91    |
|                                          | Extemporaneously-prepared            | \$8.97    |
|                                          | Allowable additional patient charge* | \$4.27    |
| Additional Fees (for safety net prices): | Ready-prepared                       | \$1.17    |
|                                          | Extemporaneously-prepared            | \$1.53    |
| 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 July 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

|        |                                                                                                                                                                                                                                                 |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10323H | <b>CRIZOTINIB</b> , crizotinib 200 mg capsule, 60 ( <i>Xalkori</i> )                                                                                                                                                                            |
| 10322G | <b>CRIZOTINIB</b> , crizotinib 250 mg capsule, 60 ( <i>Xalkori</i> )                                                                                                                                                                            |
| 10295W | <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg capsule, 30 ( <i>Noxicid Caps</i> )                                                                                                                                                                    |
| 10343J | <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg capsule, 30 ( <i>Noxicid Caps</i> )                                                                                                                                                                    |
| 10330Q | <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg capsule, 30 ( <i>Noxicid Caps</i> )                                                                                                                                                                    |
| 10331R | <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg capsule, 30 ( <i>Noxicid Caps</i> )                                                                                                                                                                    |
| 10332T | <b>GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS</b> , glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g protein oral liquid, 30 x 250 mL cartons ( <i>PKU Glytactin RTD 15</i> ) |
| 10359F | <b>GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS</b> , glycomacropeptide and essential amino acids with vitamins and minerals containing 10 g protein oral liquid, 30 x 250 mL cartons ( <i>PKU Glytactin RTD 10</i> ) |
| 10293R | <b>LACOSAMIDE</b> , lacosamide 50 mg tablet, 14 ( <i>Vimpat</i> )                                                                                                                                                                               |
| 10374B | <b>RANIBIZUMAB</b> , ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe ( <i>Lucentis</i> )                                                                                                                                           |
| 10373Y | <b>RANIBIZUMAB</b> , ranibizumab 2.3 mg/0.23 mL injection, 1 x 0.23 mL vial ( <i>Lucentis</i> )                                                                                                                                                 |

#### Addition – Brand

|       |                                                                                                                                                                      |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9012H | <i>Chem mart Alendronate Plus D3 70 mg/70 mcg, CH</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 70 microgram tablet, 4              |
| 9012H | <i>Terry White Chemists Alendronate Plus D3 70 mg/70 mcg, TW</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 70 microgram tablet, 4   |
| 9183H | <i>Chem mart Alendronate Plus D3 70 mg/140 mcg, CH</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 140 microgram tablet, 4            |
| 9183H | <i>Terry White Chemists Alendronate Plus D3 70 mg/140 mcg, TW</i> – <b>ALENDRONATE + COLECALCIFEROL</b> , alendronate 70 mg + colecalciferol 140 microgram tablet, 4 |
| 1208N | <i>APO-Ciprofloxacin, TX</i> – <b>CIPROFLOXACIN</b> , ciprofloxacin 250 mg tablet, 14                                                                                |
| 1209P | <i>APO-Ciprofloxacin, TX</i> – <b>CIPROFLOXACIN</b> , ciprofloxacin 500 mg tablet, 14                                                                                |
| 1210Q | <i>APO-Ciprofloxacin, TX</i> – <b>CIPROFLOXACIN</b> , ciprofloxacin 750 mg tablet, 14                                                                                |
| 8600P | <i>Esomeprazole AN, EA</i> – <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg tablet: enteric, 30 tablets                                                                    |
| 8600P | <i>Esomeprazole Sandoz, SZ</i> – <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg tablet: enteric, 30 tablets                                                                |
| 8600P | <i>Nexole, QA</i> – <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg tablet: enteric, 30 tablets                                                                             |
| 8886Q | <i>Esomeprazole AN, EA</i> – <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg tablet: enteric, 30 tablets                                                                    |
| 8886Q | <i>Esomeprazole Sandoz, SZ</i> – <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg tablet: enteric, 30 tablets                                                                |

---

|        |                                                                                                                                                                                                                                                                                   |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8886Q  | Nexole, QA – <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg tablet: enteric, 30 tablets                                                                                                                                                                                                 |
| 3401B  | Esomeprazole AN, EA – <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg tablet: enteric, 30 tablets                                                                                                                                                                                        |
| 3401B  | Esomeprazole Sandoz, SZ – <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg tablet: enteric, 30 tablets                                                                                                                                                                                    |
| 3401B  | Nexole, QA – <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg tablet: enteric, 30 tablets                                                                                                                                                                                                 |
| 8601Q  | Esomeprazole AN, EA – <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg tablet: enteric, 30 tablets                                                                                                                                                                                        |
| 8601Q  | Esomeprazole Sandoz, SZ – <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg tablet: enteric, 30 tablets                                                                                                                                                                                    |
| 8601Q  | Nexole, QA – <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg tablet: enteric, 30 tablets                                                                                                                                                                                                 |
| 1512N  | Hequinel, QA – <b>HYDROXYCHLOROQUINE</b> , hydroxychloroquine sulfate 200 mg tablet, 100                                                                                                                                                                                          |
| 1512N  | Hydroxychloroquine AN, EA – <b>HYDROXYCHLOROQUINE</b> , hydroxychloroquine sulfate 200 mg tablet, 100                                                                                                                                                                             |
| 8612G  | Chemists' Own Macrogol with Electrolytes, FM – <b>MACROGOL-3350 + SODIUM CHLORIDE + POTASSIUM CHLORIDE + BICARBONATE</b> , macrogol-3350 13.12 g + sodium chloride 350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets |
| 8887R  | Meloxicam Sandoz, SZ – <b>MELOXICAM</b> , meloxicam 7.5 mg capsule, 30                                                                                                                                                                                                            |
| 8888T  | Meloxicam Sandoz, SZ – <b>MELOXICAM</b> , meloxicam 15 mg capsule, 30                                                                                                                                                                                                             |
| 8507R  | Parbezol, QA – <b>RABEPRAZOLE</b> , rabeprazole sodium 10 mg tablet: enteric, 28                                                                                                                                                                                                  |
| 8508T  | Parbezol, QA – <b>RABEPRAZOLE</b> , rabeprazole sodium 20 mg tablet: enteric, 30                                                                                                                                                                                                  |
| 8509W  | Parbezol, QA – <b>RABEPRAZOLE</b> , rabeprazole sodium 20 mg tablet: enteric, 30                                                                                                                                                                                                  |
| 8378Y  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 5 mg capsule, 5                                                                                                                                                                                                         |
| 8819E  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 5 mg capsule, 5                                                                                                                                                                                                         |
| 8379B  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 20 mg capsule, 5                                                                                                                                                                                                        |
| 8820F  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 20 mg capsule, 5                                                                                                                                                                                                        |
| 8380C  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 100 mg capsule, 5                                                                                                                                                                                                       |
| 8821G  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 100 mg capsule, 5                                                                                                                                                                                                       |
| 9361Q  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 140 mg capsule, 5                                                                                                                                                                                                       |
| 9362R  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 140 mg capsule, 5                                                                                                                                                                                                       |
| 10062N | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 180 mg capsule, 5                                                                                                                                                                                                       |
| 2438H  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 180 mg capsule, 5                                                                                                                                                                                                       |
| 8381D  | APO-Temozolomide, TX – <b>TEMOZOLOMIDE</b> , temozolomide 250 mg capsule, 5                                                                                                                                                                                                       |

## Deletions

### Deletion – Item

|       |                                                                                                                               |
|-------|-------------------------------------------------------------------------------------------------------------------------------|
| 3411M | <b>GLUCOSE INDICATOR BLOOD</b> , glucose indicator blood strip: diagnostic, 100 ( <i>Accu-Chek Advantage/Sensor Comfort</i> ) |
| 3412N | <b>GLUCOSE INDICATOR BLOOD</b> , glucose indicator blood strip: diagnostic, 100 ( <i>Accu-Chek Advantage/Sensor Comfort</i> ) |

### Deletion – Brand

|       |                                                                                                                                                   |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 5006L | Pharmacor AmoxyClav 875/125, CR – <b>AMOXYCILLIN + CLAVULANIC ACID</b> , amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10 ( <b>Dental</b> ) |
| 8254K | Pharmacor AmoxyClav 875/125, CR – <b>AMOXYCILLIN + CLAVULANIC ACID</b> , amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10                   |
| 1783W | Ceftriaxone ICP, PP – <b>CEFTRIAZONE</b> , ceftriaxone 500 mg injection, 1 x 500 mg vial                                                          |
| 9058R | Ceftriaxone ICP, PP – <b>CEFTRIAZONE</b> , ceftriaxone 500 mg injection, 1 x 500 mg vial                                                          |
| 3119E | Pharmacor Cephalixin 500, CR – <b>CEPHALEXIN</b> , cephalixin 500 mg capsule, 20                                                                  |
| 3318P | Pharmacor Cephalixin 500, CR – <b>CEPHALEXIN</b> , cephalixin 500 mg capsule, 20 ( <b>Dental</b> )                                                |
| 1834M | Gabapentin 300, CR – <b>GABAPENTIN</b> , gabapentin 300 mg capsule, 100                                                                           |
| 1835N | Gabapentin 400, CR – <b>GABAPENTIN</b> , gabapentin 400 mg capsule, 100                                                                           |
| 3010K | Norfloxacin AN, EA – <b>NORFLOXACIN</b> , norfloxacin 400 mg tablet, 14                                                                           |

---

|       |                                                                                                                              |
|-------|------------------------------------------------------------------------------------------------------------------------------|
| 9373H | <i>Dilart HCT 160/12.5, AF – VALSARTAN + HYDROCHLOROTHIAZIDE</i> , valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28 |
| 9374J | <i>Dilart HCT 160/25, AF – VALSARTAN + HYDROCHLOROTHIAZIDE</i> , valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28     |
| 9481B | <i>Dilart HCT 320/12.5, AF – VALSARTAN + HYDROCHLOROTHIAZIDE</i> , valsartan 320 mg + hydrochlorothiazide 12.5 mg tablet, 28 |
| 9482C | <i>Dilart HCT 320/25, AF – VALSARTAN + HYDROCHLOROTHIAZIDE</i> , valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28     |

#### **Deletion – Equivalence Indicator**

|       |                                                                                                                         |
|-------|-------------------------------------------------------------------------------------------------------------------------|
| 1783W | <i>Ceftriaxone-AFT, AE – CEFTRIAXONE</i> , ceftriaxone 500 mg injection, 1 x 500 mg vial                                |
| 9058R | <i>Ceftriaxone-AFT, AE – CEFTRIAXONE</i> , ceftriaxone 500 mg injection, 1 x 500 mg vial                                |
| 9374J | <i>Co-Diovan 160/25, NV – VALSARTAN + HYDROCHLOROTHIAZIDE</i> , valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28 |

### **Alterations**

#### **Alteration – Brand Name**

*From*

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

*To*

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

*From*

|       |                                                                                                                  |
|-------|------------------------------------------------------------------------------------------------------------------|
| 9183H | <i>FonatPLUS, AF – ALENDRONATE + COLECALCIFEROL</i> , alendronate 70 mg + colecalciferol 140 microgram tablet, 4 |
|-------|------------------------------------------------------------------------------------------------------------------|

*To*

|       |                                                                                                                  |
|-------|------------------------------------------------------------------------------------------------------------------|
| 9183H | <i>FonatPlus, AF – ALENDRONATE + COLECALCIFEROL</i> , alendronate 70 mg + colecalciferol 140 microgram tablet, 4 |
|-------|------------------------------------------------------------------------------------------------------------------|

#### **Alteration – Restriction**

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

|        |                                                                                                                                                                                               |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5543R  | <b>BETAXOLOL</b> , betaxolol 0.25% eye drops, 5 mL ( <i>Betoptic S</i> )( <b>Optometrical</b> )                                                                                               |
| 5544T  | <b>BETAXOLOL</b> , betaxolol 0.5% eye drops, 5 mL ( <i>BetoQuin, Betoptic</i> )( <b>Optometrical</b> )                                                                                        |
| 10053D | <b>BIMATOPROST</b> , bimatoprost 0.03% eye drops, 30 x 0.4 mL unit doses ( <i>Lumigan PF</i> )( <b>Optometrical</b> )                                                                         |
| 5551E  | <b>BIMATOPROST</b> , bimatoprost 0.03% eye drops, 3 mL ( <i>Lumigan</i> )( <b>Optometrical</b> )                                                                                              |
| 10108B | <b>BIMATOPROST + TIMOLOL</b> , bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses ( <i>GANfort PF 0.3/5</i> )( <b>Optometrical</b> )                                          |
| 5558M  | <b>BIMATOPROST + TIMOLOL</b> , bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL ( <i>Ganfort 0.3/5</i> )( <b>Optometrical</b> )                                                               |
| 5534G  | <b>BRIMONIDINE</b> , brimonidine tartrate 0.2% eye drops, 5 mL ( <i>Alphagan, Enidin</i> )( <b>Optometrical</b> )                                                                             |
| 5563T  | <b>BRIMONIDINE</b> , brimonidine tartrate 0.15% eye drops, 5 mL ( <i>Alphagan P 1.5</i> )( <b>Optometrical</b> )                                                                              |
| 5535H  | <b>BRIMONIDINE + TIMOLOL</b> , brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL ( <i>Combigan</i> )( <b>Optometrical</b> )                                                            |
| 5540N  | <b>BRINZOLAMIDE</b> , brinzolamide 1% eye drops, 5 mL ( <i>Azopt, BrinzoQuin</i> )( <b>Optometrical</b> )                                                                                     |
| 5562R  | <b>BRINZOLAMIDE + TIMOLOL</b> , brinzolamide 1% + timolol 0.5% eye drops, 5 mL ( <i>Azarga</i> )( <b>Optometrical</b> )                                                                       |
| 8760C  | <b>CAPTOPRIL</b> , captopril 5 mg/mL oral liquid, 95 mL ( <i>Capoten</i> )                                                                                                                    |
| 10011X | <b>DAPAGLIFLOZIN</b> , dapagliflozin 10 mg tablet, 28 ( <i>Forxiga</i> )                                                                                                                      |
| 5541P  | <b>DORZOLAMIDE</b> , dorzolamide 2% (20 mg/mL) eye drops, 5 mL ( <i>Trusamide, Trusopt</i> )( <b>Optometrical</b> )                                                                           |
| 5542Q  | <b>DORZOLAMIDE + TIMOLOL</b> , dorzolamide 2% + timolol 0.5% eye drops, 5 mL ( <i>Cosdor, Cosopt, Dorzolamide/Timolol Sandoz 20/5</i> )( <b>Optometrical</b> )                                |
| 3401B  | <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg tablet: enteric, 30 tablets ( <i>Esomeprazole AN, Esomeprazole Apotex, Esomeprazole GxP, Esomeprazole RBX, Esomeprazole Sandoz, Nexium, Nexole</i> ) |
| 8600P  | <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg tablet: enteric, 30 tablets ( <i>Esomeprazole AN, Esomeprazole Apotex,</i>                                                                           |

|        |                                                                                                                                                                                                                                                                       |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <i>Esomeprazole GxP, Esomeprazole RBX, Esomeprazole Sandoz, Nexium, Nexole)</i>                                                                                                                                                                                       |
| 8601Q  | <b>ESOMEPRAZOLE</b> , esomeprazole 40 mg tablet: enteric, 30 tablets ( <i>Esomeprazole AN, Esomeprazole Apotex, Esomeprazole GxP, Esomeprazole RBX, Esomeprazole Sandoz, Nexium, Nexole</i> )                                                                         |
| 8886Q  | <b>ESOMEPRAZOLE</b> , esomeprazole 20 mg tablet: enteric, 30 tablets ( <i>Esomeprazole AN, Esomeprazole Apotex, Esomeprazole GxP, Esomeprazole RBX, Esomeprazole Sandoz, Nexium, Nexole</i> )                                                                         |
| 10012Y | <b>IVABRADINE</b> , ivabradine 5 mg tablet, 56 ( <i>Coralan</i> )                                                                                                                                                                                                     |
| 2960T  | <b>IVABRADINE</b> , ivabradine 7.5 mg tablet, 56 ( <i>Coralan</i> )                                                                                                                                                                                                   |
| 9148L  | <b>LAPATINIB</b> , lapatinib 250 mg tablet, 70 ( <i>Tykerb</i> )                                                                                                                                                                                                      |
| 5552F  | <b>LATANOPROST</b> , latanoprost 0.005% eye drops, 2.5 mL ( <i>APO-Latanoprost, Chem mart Latanoprost, Latanoprost Actavis, Latanoprost GH, Latanoprost Pfizer, Latanoprost Sandoz, Terry White Chemists Latanoprost, Xalaprost, Xalatan</i> )( <b>Optometrical</b> ) |
| 5553G  | <b>LATANOPROST + TIMOLOL</b> , latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL ( <i>APO-Latanoprost/Timolol 0.05/5, Latanocom, Latanoprost/Timolol Sandoz 50/5, Xalacom, Xalamol 50/5</i> )( <b>Optometrical</b> )                                                |
| 5536J  | <b>PILOCARPINE</b> , pilocarpine hydrochloride 1% eye drops, 15 mL ( <i>Isopto Carpine</i> )( <b>Optometrical</b> )                                                                                                                                                   |
| 5537K  | <b>PILOCARPINE</b> , pilocarpine hydrochloride 2% eye drops, 15 mL ( <i>Isopto Carpine</i> )( <b>Optometrical</b> )                                                                                                                                                   |
| 5538L  | <b>PILOCARPINE</b> , pilocarpine hydrochloride 4% eye drops, 15 mL ( <i>Isopto Carpine</i> )( <b>Optometrical</b> )                                                                                                                                                   |
| 10138N | <b>RANIBIZUMAB</b> , ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe ( <i>Lucentis</i> )                                                                                                                                                                 |
| 1382R  | <b>RANIBIZUMAB</b> , ranibizumab 2.3 mg/0.23 mL injection, 1 x 0.23 mL vial ( <i>Lucentis</i> )                                                                                                                                                                       |
| 2748P  | <b>TAFLUPROST</b> , tafluprost 0.0015% eye drops, 30 x 0.3 mL unit doses ( <i>Saflutan</i> )( <b>Optometrical</b> )                                                                                                                                                   |
| 5546X  | <b>TIMOLOL</b> , timolol 0.1% eye gel, 5 g ( <i>Nyogel</i> )( <b>Optometrical</b> )                                                                                                                                                                                   |
| 5548B  | <b>TIMOLOL</b> , timolol 0.5% (5 mg/mL) eye drops, 5 mL ( <i>Tenopt, Timoptol</i> )( <b>Optometrical</b> )                                                                                                                                                            |
| 5549C  | <b>TIMOLOL</b> , timolol 0.25% (2.5 mg/mL) eye drops, 2.5 mL ( <i>Timoptol XE</i> )( <b>Optometrical</b> )                                                                                                                                                            |
| 5550D  | <b>TIMOLOL</b> , timolol 0.5% (5 mg/mL) eye drops, 2.5 mL ( <i>Timoptol XE</i> )( <b>Optometrical</b> )                                                                                                                                                               |
| 5555J  | <b>TIMOLOL + TRAVOPROST</b> , timolol 0.5% + travoprost 0.004% eye drops, 2.5 mL ( <i>Duotrav</i> )( <b>Optometrical</b> )                                                                                                                                            |

#### Alteration – Restriction Level

|        |                                                                     | From               | To          |
|--------|---------------------------------------------------------------------|--------------------|-------------|
| 10012Y | <b>IVABRADINE</b> , ivabradine 5 mg tablet, 56 ( <i>Coralan</i> )   | authority-required | streamlined |
| 2960T  | <b>IVABRADINE</b> , ivabradine 7.5 mg tablet, 56 ( <i>Coralan</i> ) | authority-required | streamlined |

#### Alteration – Manufacturer Code

|        |                                                                                                                                               | From | To |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| 5006L  | <i>Clavam 875 mg/125 mg – AMOXYCILLIN + CLAVULANIC ACID</i> , amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10 ( <b>Dental</b> )        | NJ   | CR |
| 8254K  | <i>Clavam 875 mg/125 mg – AMOXYCILLIN + CLAVULANIC ACID</i> , amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10                          | NJ   | CR |
| 2886X  | <i>Albey Bee Venom – BEE VENOM</i> , bee venom 550 microgram injection [1 x 550 microgram vial] (&) inert substance diluent [4 vials], 1 pack | HL   | DE |
| 3119E  | <i>Cephalex 500 – CEPHALEXIN</i> , cephalexin 500 mg capsule, 20                                                                              | NJ   | CR |
| 3318P  | <i>Cephalex 500 – CEPHALEXIN</i> , cephalexin 500 mg capsule, 20 ( <b>Dental</b> )                                                            | NJ   | CR |
| 2954L  | <i>Tafinlar – DABRAFENIB</i> , dabrafenib 50 mg capsule, 120                                                                                  | GK   | NV |
| 2963Y  | <i>Tafinlar – DABRAFENIB</i> , dabrafenib 50 mg capsule, 120                                                                                  | GK   | NV |
| 10003L | <i>Tafinlar – DABRAFENIB</i> , dabrafenib 75 mg capsule, 120                                                                                  | GK   | NV |
| 2846T  | <i>Tafinlar – DABRAFENIB</i> , dabrafenib 75 mg capsule, 120                                                                                  | GK   | NV |
| 8700X  | <i>Esipram – ESCITALOPRAM</i> , escitalopram 10 mg tablet, 28                                                                                 | UA   | CF |
| 9432K  | <i>Esipram – ESCITALOPRAM</i> , escitalopram 10 mg tablet, 28                                                                                 | UA   | CF |
| 8701Y  | <i>Esipram – ESCITALOPRAM</i> , escitalopram 20 mg tablet, 28                                                                                 | UA   | CF |
| 9433L  | <i>Esipram – ESCITALOPRAM</i> , escitalopram 20 mg tablet, 28                                                                                 | UA   | CF |

|        |                                                                                                                                                                                |    |    |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 8505P  | <i>Gabacor</i> – <b>GABAPENTIN</b> , gabapentin 100 mg capsule, 100                                                                                                            | NJ | CR |
| 1834M  | <i>Gabacor</i> – <b>GABAPENTIN</b> , gabapentin 300 mg capsule, 100                                                                                                            | NJ | CR |
| 1835N  | <i>Gabacor</i> – <b>GABAPENTIN</b> , gabapentin 400 mg capsule, 100                                                                                                            | NJ | CR |
| 9148L  | <i>Tykerb</i> – <b>LAPATINIB</b> , lapatinib 250 mg tablet, 70                                                                                                                 | GK | NV |
| 2918N  | <i>Albey Paper Wasp Venom</i> – <b>PAPER WASP VENOM</b> , paper wasp venom 550 microgram injection [1 x 550 microgram vial] (&) inert substance diluent [4 vials], 1 pack      | HL | DE |
| 10042M | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 200 mg tablet, 90                                                                                                               | GK | NV |
| 10047T | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 200 mg tablet, 90                                                                                                               | GK | NV |
| 10054E | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 200 mg tablet, 30                                                                                                               | GK | NV |
| 2029T  | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 200 mg tablet, 90                                                                                                               | GK | NV |
| 2034C  | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 200 mg tablet, 90                                                                                                               | GK | NV |
| 2232L  | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 200 mg tablet, 30                                                                                                               | GK | NV |
| 10041L | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 400 mg tablet, 60                                                                                                               | GK | NV |
| 10043N | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 400 mg tablet, 60                                                                                                               | GK | NV |
| 10052C | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 400 mg tablet, 30                                                                                                               | GK | NV |
| 2030W  | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 400 mg tablet, 60                                                                                                               | GK | NV |
| 2035D  | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 400 mg tablet, 60                                                                                                               | GK | NV |
| 2201W  | <i>Votrient</i> – <b>PAZOPANIB</b> , pazopanib 400 mg tablet, 30                                                                                                               | GK | NV |
| 2883R  | <i>Albey Yellow Jacket Venom</i> – <b>VESPULA SPP VENOM</b> , vespula spp venom 550 microgram injection [1 x 550 microgram vial] (&) inert substance diluent [4 vials], 1 pack | HL | DE |

## Advance Notices

### 1 August 2015

#### Deletion – Brand

|       |                                                                                     |
|-------|-------------------------------------------------------------------------------------|
| 1003T | <i>Acihexal, SZ</i> – <b>ACICLOVIR</b> , aciclovir 200 mg tablet, 25                |
| 2873F | <i>Invokana, JC</i> – <b>CANAGLIFLOZIN</b> , canagliflozin 100 mg tablet, 30        |
| 2987F | <i>Invokana, JC</i> – <b>CANAGLIFLOZIN</b> , canagliflozin 300 mg tablet, 30        |
| 9157Y | <i>Sensipar, AN</i> – <b>CINACALCET</b> , cinacalcet 30 mg tablet, 28               |
| 9158B | <i>Sensipar, AN</i> – <b>CINACALCET</b> , cinacalcet 60 mg tablet, 28               |
| 9159C | <i>Sensipar, AN</i> – <b>CINACALCET</b> , cinacalcet 90 mg tablet, 28               |
| 3064G | <i>Genlac, QA</i> – <b>LACTULOSE</b> , LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1 |

### 1 September 2015

#### Deletion – Brand

|        |                                                                                                             |
|--------|-------------------------------------------------------------------------------------------------------------|
| 10141R | <i>EasyMate II, WI</i> – <b>GLUCOSE INDICATOR BLOOD</b> , glucose indicator blood strip: diagnostic, 100    |
| 10145Y | <i>EasyMate II, WI</i> – <b>GLUCOSE INDICATOR BLOOD</b> , glucose indicator blood strip: diagnostic, 100    |
| 9485F  | <i>Lifeline Attest, OI</i> – <b>GLUCOSE INDICATOR BLOOD</b> , glucose indicator blood strip: diagnostic, 50 |
| 9486G  | <i>Lifeline Attest, OI</i> – <b>GLUCOSE INDICATOR BLOOD</b> , glucose indicator blood strip: diagnostic, 50 |
| 2476H  | <i>Exelon, NV</i> – <b>RIVASTIGMINE</b> , rivastigmine 2 mg/mL oral liquid, 120 mL                          |
| 8563Q  | <i>Exelon, NV</i> – <b>RIVASTIGMINE</b> , rivastigmine 2 mg/mL oral liquid, 120 mL                          |

### 1 October 2015

#### Deletion – Brand

|       |                                                                        |
|-------|------------------------------------------------------------------------|
| 8023G | <i>Lescol, NV</i> – <b>FLUVASTATIN</b> , fluvastatin 20 mg capsule, 28 |
| 8023G | <i>Vastin, NM</i> – <b>FLUVASTATIN</b> , fluvastatin 20 mg capsule, 28 |
| 8024H | <i>Lescol, NV</i> – <b>FLUVASTATIN</b> , fluvastatin 40 mg capsule, 28 |
| 8024H | <i>Vastin, NM</i> – <b>FLUVASTATIN</b> , fluvastatin 40 mg capsule, 28 |
| 9234B | <i>Lescol, NV</i> – <b>FLUVASTATIN</b> , fluvastatin 20 mg capsule, 28 |

---

|       |                                                                        |
|-------|------------------------------------------------------------------------|
| 9234B | <i>Vastin, NM</i> – <b>FLUVASTATIN</b> , fluvastatin 20 mg capsule, 28 |
| 9235C | <i>Lescol, NV</i> – <b>FLUVASTATIN</b> , fluvastatin 40 mg capsule, 28 |
| 9235C | <i>Vastin, NM</i> – <b>FLUVASTATIN</b> , fluvastatin 40 mg capsule, 28 |

---

## Palliative Care Additions

### **Addition – Brand**

- 5389P      *Chemists' Own Macrogol with Electrolytes, FM* – **MACROGOL-3350 + SODIUM CHLORIDE + POTASSIUM CHLORIDE + BICARBONATE**, macrogol-3350 13.12 g + sodium chloride 350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets
- 5390Q      *Chemists' Own Macrogol with Electrolytes, FM* – **MACROGOL-3350 + SODIUM CHLORIDE + POTASSIUM CHLORIDE + BICARBONATE**, macrogol-3350 13.12 g + sodium chloride 350.7 mg + potassium chloride 46.6 mg (0.63 mmol potassium) + sodium bicarbonate 178.5 mg solution, 30 sachets

## **Advance Notices**

**1 August 2015**

### **Deletion – Brand**

- 5387M      *Genlac, QA* – **LACTULOSE**, LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1
- 5388N      *Genlac, QA* – **LACTULOSE**, LACTULOSE Mixture 3.34 g per 5 mL, 500 mL, 1

---

## Highly Specialised Drugs Program (Private Hospital)

### Deletions

#### Deletion – Item

|        |                                                                                                                                                                 |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6265R  | <b>ABACAVIR</b> , abacavir 20 mg/mL oral liquid, 240 mL ( <i>Ziagen</i> )                                                                                       |
| 6264Q  | <b>ABACAVIR</b> , abacavir 300 mg tablet, 60 ( <i>Ziagen</i> )                                                                                                  |
| 6458X  | <b>ABACAVIR + LAMIVUDINE</b> , abacavir 600 mg + lamivudine 300 mg tablet, 30 ( <i>Kivexa</i> )                                                                 |
| 6327B  | <b>ABACAVIR + LAMIVUDINE + ZIDOVUDINE</b> , abacavir 300 mg + lamivudine 150 mg + zidovudine 300 mg tablet, 60 ( <i>Trizivir</i> )                              |
| 6450L  | <b>ADEFOVIR DIPIVOXIL</b> , adefovir dipivoxil 10 mg tablet, 30 ( <i>APO-Adefovir, Hepsera</i> )                                                                |
| 6451M  | <b>ATAZANAVIR</b> , atazanavir 150 mg capsule, 60 ( <i>Reyataz</i> )                                                                                            |
| 6452N  | <b>ATAZANAVIR</b> , atazanavir 200 mg capsule, 60 ( <i>Reyataz</i> )                                                                                            |
| 9614B  | <b>ATAZANAVIR</b> , atazanavir 300 mg capsule, 30 ( <i>Reyataz</i> )                                                                                            |
| 9581G  | <b>DARUNAVIR</b> , darunavir 150 mg tablet, 240 ( <i>Prezista</i> )                                                                                             |
| 5000E  | <b>DARUNAVIR</b> , darunavir 600 mg tablet, 60 ( <i>Prezista</i> )                                                                                              |
| 10000H | <b>DARUNAVIR</b> , darunavir 800 mg tablet, 30 ( <i>Prezista</i> )                                                                                              |
| 6298L  | <b>DIDANOSINE</b> , didanosine 125 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 6299M  | <b>DIDANOSINE</b> , didanosine 200 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 6300N  | <b>DIDANOSINE</b> , didanosine 250 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 6301P  | <b>DIDANOSINE</b> , didanosine 400 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 10070B | <b>DOLUTEGRAVIR</b> , dolutegravir 50 mg tablet, 30 ( <i>Tivicay</i> )                                                                                          |
| 10248J | <b>DOLUTEGRAVIR + ABACAVIR + LAMIVUDINE</b> , dolutegravir 50 mg + abacavir 600 mg + lamivudine 300 mg tablet, 30 ( <i>Triumeq</i> )                            |
| 6372J  | <b>EFAVIRENZ</b> , efavirenz 30 mg/mL oral liquid, 180 mL ( <i>Stocrin</i> )                                                                                    |
| 9618F  | <b>EFAVIRENZ</b> , efavirenz 200 mg tablet, 90 ( <i>Stocrin</i> )                                                                                               |
| 6356M  | <b>EFAVIRENZ</b> , efavirenz 600 mg tablet, 30 ( <i>Stocrin</i> )                                                                                               |
| 6137B  | <b>EMTRICITABINE</b> , emtricitabine 200 mg capsule, 30 ( <i>Emtriva</i> )                                                                                      |
| 1490K  | <b>EMTRICITABINE + RILPIVIRINE + TENOFOVIR</b> , emtricitabine 200 mg + rilpivirine 25 mg + tenofovir disoproxil fumarate 300 mg tablet, 30 ( <i>Eviplera</i> ) |
| 6455R  | <b>ENFUVRTIDE</b> , enfuvirtide 90 mg injection [60 x 90 mg vials] (&) inert substance diluent [60 x 1.1 mL vials], 1 pack ( <i>Fuzeon</i> )                    |
| 9602J  | <b>ENTECAVIR</b> , entecavir monohydrate 500 microgram tablet, 30 ( <i>Baraclude</i> )                                                                          |
| 9603K  | <b>ENTECAVIR</b> , entecavir monohydrate 1 mg tablet, 30 ( <i>Baraclude</i> )                                                                                   |
| 5062K  | <b>ETRAVIRINE</b> , etravirine 200 mg tablet, 60 ( <i>Intelence</i> )                                                                                           |
| 6454Q  | <b>FOSAMPRENAVIR</b> , fosamprenavir 50 mg/mL oral liquid, 225 mL ( <i>Telzir</i> )                                                                             |
| 6453P  | <b>FOSAMPRENAVIR</b> , fosamprenavir 700 mg tablet, 60 ( <i>Telzir</i> )                                                                                        |
| 6134W  | <b>FOSCARNET</b> , FOSCARNET SODIUM I.V. infusion 24 mg per mL, 250 mL bottle, 6 ( <i>Foscavir</i> )                                                            |
| 6202K  | <b>INDINAVIR</b> , indinavir 400 mg capsule, 180 ( <i>Crixivan 400 mg</i> )                                                                                     |
| 6271C  | <b>LAMIVUDINE</b> , lamivudine 5 mg/mL oral liquid, 240 mL ( <i>Zeffix</i> )                                                                                    |
| 6194B  | <b>LAMIVUDINE</b> , lamivudine 10 mg/mL oral liquid, 240 mL ( <i>3TC</i> )                                                                                      |
| 6257H  | <b>LAMIVUDINE</b> , lamivudine 100 mg tablet, 28 ( <i>Zeffix, Zetlam</i> )                                                                                      |
| 6193Y  | <b>LAMIVUDINE</b> , lamivudine 150 mg tablet, 60 ( <i>3TC, Lamivudine Alphapharm, Lamivudine RBX</i> )                                                          |
| 6435Q  | <b>LAMIVUDINE</b> , lamivudine 300 mg tablet, 30 ( <i>3TC, Lamivudine Alphapharm, Lamivudine RBX</i> )                                                          |
| 6234D  | <b>LAMIVUDINE + ZIDOVUDINE</b> , lamivudine 150 mg + zidovudine 300 mg tablet, 60 ( <i>Combivir, Lamivudine 150 mg + Zidovudine 300 mg Alphapharm</i> )         |
| 6341R  | <b>LOPINAVIR + RITONAVIR</b> , lopinavir 400 mg/5 mL + ritonavir 100 mg/5 mL oral liquid, 60 mL ( <i>Kaletra</i> )                                              |
| 9633B  | <b>LOPINAVIR + RITONAVIR</b> , lopinavir 100 mg + ritonavir 25 mg tablet, 60 ( <i>Kaletra</i> )                                                                 |

---

|        |                                                                                                                                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6495W  | <b>LOPINAVIR + RITONAVIR</b> , lopinavir 200 mg + ritonavir 50 mg tablet, 120 ( <i>Kaletra</i> )                                                                                                    |
| 9572T  | <b>MARAVIROC</b> , maraviroc 150 mg tablet, 60 ( <i>Celsentri</i> )                                                                                                                                 |
| 9573W  | <b>MARAVIROC</b> , maraviroc 300 mg tablet, 60 ( <i>Celsentri</i> )                                                                                                                                 |
| 9571R  | <b>NEVIRAPINE</b> , nevirapine 10 mg/mL oral liquid, 240 mL ( <i>Viramune</i> )                                                                                                                     |
| 6215D  | <b>NEVIRAPINE</b> , nevirapine 200 mg tablet, 60 ( <i>Nevipin</i> , <i>Nevirapine Alphapharm</i> , <i>Nevirapine RBX</i> , <i>Viramune</i> )                                                        |
| 1129K  | <b>NEVIRAPINE</b> , nevirapine 400 mg tablet: modified release, 30 tablets ( <i>Viramune XR</i> )                                                                                                   |
| 2743J  | <b>RALTEGRAVIR</b> , raltegravir 25 mg tablet: chewable, 60 ( <i>Isentress</i> )                                                                                                                    |
| 2754Y  | <b>RALTEGRAVIR</b> , raltegravir 100 mg tablet: chewable, 60 ( <i>Isentress</i> )                                                                                                                   |
| 9629T  | <b>RALTEGRAVIR</b> , raltegravir 400 mg tablet, 60 ( <i>Isentress</i> )                                                                                                                             |
| 1170N  | <b>RILPIVIRINE</b> , rilpivirine 25 mg tablet, 30 ( <i>Edurant</i> )                                                                                                                                |
| 6494T  | <b>RITONAVIR</b> , ritonavir 600 mg/7.5 mL oral liquid, 90 mL ( <i>Norvir</i> )                                                                                                                     |
| 9677H  | <b>RITONAVIR</b> , ritonavir 100 mg tablet, 30 ( <i>Norvir</i> )                                                                                                                                    |
| 6498B  | <b>SAQUINAVIR</b> , saquinavir 500 mg tablet, 120 ( <i>Invirase</i> )                                                                                                                               |
| 6186N  | <b>STAVUDINE</b> , stavudine 20 mg capsule, 60 ( <i>Zerit</i> )                                                                                                                                     |
| 6189R  | <b>STAVUDINE</b> , stavudine 30 mg capsule, 60 ( <i>Zerit</i> )                                                                                                                                     |
| 6190T  | <b>STAVUDINE</b> , stavudine 40 mg capsule, 60 ( <i>Zerit</i> )                                                                                                                                     |
| 9630W  | <b>TELBIVUDINE</b> , telbivudine 600 mg tablet, 28 ( <i>Sebivo</i> )                                                                                                                                |
| 6358P  | <b>TENOFOVIR</b> , tenofovir disoproxil fumarate 300 mg tablet, 30 ( <i>Viread</i> )                                                                                                                |
| 6468K  | <b>TENOFOVIR + EMTRICITABINE</b> , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30 ( <i>Truvada</i> )                                                                        |
| 9650X  | <b>TENOFOVIR + EMTRICITABINE + EFAVIRENZ</b> , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + efavirenz 600 mg tablet, 30 ( <i>Atripla</i> )                                         |
| 10085T | <b>TENOFOVIR + EMTRICITABINE + ELVITEGRAVIR + COBICISTAT</b> , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30 ( <i>Stribild</i> ) |
| 9610T  | <b>TIPRANAVIR</b> , tipranavir 250 mg capsule, 120 ( <i>Aptivus</i> )                                                                                                                               |
| 6153W  | <b>ZIDOVUDINE</b> , zidovudine 100 mg capsule, 100 ( <i>Retrovir</i> )                                                                                                                              |
| 6154X  | <b>ZIDOVUDINE</b> , zidovudine 250 mg capsule, 40 ( <i>Retrovir</i> )                                                                                                                               |
| 6155Y  | <b>ZIDOVUDINE</b> , zidovudine 50 mg/5 mL oral liquid, 200 mL ( <i>Retrovir</i> )                                                                                                                   |

## Alterations

### Alteration – Restriction

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

|       |                                                                                                                                          |
|-------|------------------------------------------------------------------------------------------------------------------------------------------|
| 6101D | <b>CLOZAPINE</b> , clozapine 25 mg tablet, 100 ( <i>Clopine 25</i> , <i>Clozaril 25</i> )                                                |
| 6102E | <b>CLOZAPINE</b> , clozapine 100 mg tablet, 100 ( <i>Clopine 100</i> , <i>Clozaril 100</i> )                                             |
| 6417R | <b>CLOZAPINE</b> , clozapine 50 mg tablet, 100 ( <i>Clopine 50</i> )                                                                     |
| 6418T | <b>CLOZAPINE</b> , clozapine 200 mg tablet, 100 ( <i>Clopine 200</i> )                                                                   |
| 9632Y | <b>CLOZAPINE</b> , clozapine 50 mg/mL oral liquid, 100 mL ( <i>Clopine Suspension</i> )                                                  |
| 6136Y | <b>GANCICLOVIR</b> , ganciclovir 500 mg injection, 5 x 500 mg vials ( <i>Cymevene</i> )                                                  |
| 6210W | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 3 million international units/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Roferon-A</i> )   |
| 6211X | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 4.5 million international units/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Roferon-A</i> ) |
| 6212Y | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 6 million international units/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Roferon-A</i> )   |
| 6213B | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 9 million international units/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Roferon-A</i> )   |
| 6218G | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 18 million international units/3 mL injection, 1 x 3 mL vial ( <i>Intron A</i> )          |
| 6219H | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 25 million international units/2.5 mL injection, 1 x 2.5 mL vial ( <i>Intron A</i> )      |
| 6246R | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 10 million international units/mL injection, 5 x 1 mL vials ( <i>Intron A</i> )           |

---

|       |                                                                                                                                            |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 6253D | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 18 million international units/1.2 mL injection, 1 x 1.2 mL cartridge<br>(Intron A Redipen) |
| 6254E | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 30 million international units/1.2 mL injection, 1 x 1.2 mL cartridge<br>(Intron A Redipen) |
| 6255F | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 60 million international units/1.2 mL injection, 1 x 1.2 mL cartridge<br>(Intron A Redipen) |
| 6439X | <b>PEGINTERFERON ALFA-2A</b> , peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes<br>(Pegasys)                      |
| 6449K | <b>PEGINTERFERON ALFA-2A</b> , peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes<br>(Pegasys)                      |
| 6357N | <b>VALGANCICLOVIR</b> , valganciclovir 450 mg tablet, 60 (Valcyte)                                                                         |
| 9675F | <b>VALGANCICLOVIR</b> , valganciclovir 50 mg/mL oral liquid: powder for, 100 mL (Valcyte)                                                  |

**Alteration – Manufacturer Code**

|       |                                                              | <i>From</i> | <i>To</i> |
|-------|--------------------------------------------------------------|-------------|-----------|
| 5827Q | Revolade – <b>ELTROMBOPAG</b> , eltrombopag 25 mg tablet, 28 | GK          | NV        |
| 5828R | Revolade – <b>ELTROMBOPAG</b> , eltrombopag 50 mg tablet, 28 | GK          | NV        |

**Advance Notices**

**1 August 2015**

**Deletion – Brand**

|       |                                                                                                 |
|-------|-------------------------------------------------------------------------------------------------|
| 9625N | Sensipar, AN – <b>CINACALCET</b> , cinacalcet 30 mg tablet, 28                                  |
| 9626P | Sensipar, AN – <b>CINACALCET</b> , cinacalcet 60 mg tablet, 28                                  |
| 9627Q | Sensipar, AN – <b>CINACALCET</b> , cinacalcet 90 mg tablet, 28                                  |
| 6270B | Desferal 2 g, NV – <b>DEFERRIOXAMINE</b> , desferrioxamine mesylate 2 g injection, 1 x 2 g vial |

## Highly Specialised Drugs Program (Public Hospital)

### Deletions

#### Deletion – Item

|        |                                                                                                                                                                 |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5602W  | <b>ABACAVIR</b> , abacavir 20 mg/mL oral liquid, 240 mL ( <i>Ziagen</i> )                                                                                       |
| 5601T  | <b>ABACAVIR</b> , abacavir 300 mg tablet, 60 ( <i>Ziagen</i> )                                                                                                  |
| 5603X  | <b>ABACAVIR + LAMIVUDINE</b> , abacavir 600 mg + lamivudine 300 mg tablet, 30 ( <i>Kivexa</i> )                                                                 |
| 5604Y  | <b>ABACAVIR + LAMIVUDINE + ZIDOVUDINE</b> , abacavir 300 mg + lamivudine 150 mg + zidovudine 300 mg tablet, 60 ( <i>Trizivir</i> )                              |
| 5606C  | <b>ADEFOVIR DIPIVOXIL</b> , adefovir dipivoxil 10 mg tablet, 30 ( <i>APO-Adefovir, Hepsera</i> )                                                                |
| 5613K  | <b>ATAZANAVIR</b> , atazanavir 150 mg capsule, 60 ( <i>Reyataz</i> )                                                                                            |
| 5614L  | <b>ATAZANAVIR</b> , atazanavir 200 mg capsule, 60 ( <i>Reyataz</i> )                                                                                            |
| 5612J  | <b>ATAZANAVIR</b> , atazanavir 300 mg capsule, 30 ( <i>Reyataz</i> )                                                                                            |
| 5653M  | <b>DARUNAVIR</b> , darunavir 150 mg tablet, 240 ( <i>Prezista</i> )                                                                                             |
| 3392M  | <b>DARUNAVIR</b> , darunavir 600 mg tablet, 60 ( <i>Prezista</i> )                                                                                              |
| 2980W  | <b>DARUNAVIR</b> , darunavir 800 mg tablet, 30 ( <i>Prezista</i> )                                                                                              |
| 5663C  | <b>DIDANOSINE</b> , didanosine 125 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 5664D  | <b>DIDANOSINE</b> , didanosine 200 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 5665E  | <b>DIDANOSINE</b> , didanosine 250 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 5666F  | <b>DIDANOSINE</b> , didanosine 400 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 10065R | <b>DOLUTEGRAVIR</b> , dolutegravir 50 mg tablet, 30 ( <i>Tivicay</i> )                                                                                          |
| 10247H | <b>DOLUTEGRAVIR + ABACAVIR + LAMIVUDINE</b> , dolutegravir 50 mg + abacavir 600 mg + lamivudine 300 mg tablet, 30 ( <i>Triumeq</i> )                            |
| 5707J  | <b>EFAVIRENZ</b> , efavirenz 30 mg/mL oral liquid, 180 mL ( <i>Stocrin</i> )                                                                                    |
| 5708K  | <b>EFAVIRENZ</b> , efavirenz 200 mg tablet, 90 ( <i>Stocrin</i> )                                                                                               |
| 5706H  | <b>EFAVIRENZ</b> , efavirenz 600 mg tablet, 30 ( <i>Stocrin</i> )                                                                                               |
| 5709L  | <b>EMTRICITABINE</b> , emtricitabine 200 mg capsule, 30 ( <i>Emtriva</i> )                                                                                      |
| 1491L  | <b>EMTRICITABINE + RILPIVIRINE + TENOFOVIR</b> , emtricitabine 200 mg + rilpivirine 25 mg + tenofovir disoproxil fumarate 300 mg tablet, 30 ( <i>Eviplera</i> ) |
| 5710M  | <b>ENFUVRTIDE</b> , enfuvirtide 90 mg injection [60 x 90 mg vials] (&) inert substance diluent [60 x 1.1 mL vials], 1 pack ( <i>Fuzeon</i> )                    |
| 5711N  | <b>ENTECAVIR</b> , entecavir monohydrate 500 microgram tablet, 30 ( <i>Baraclude</i> )                                                                          |
| 5712P  | <b>ENTECAVIR</b> , entecavir monohydrate 1 mg tablet, 30 ( <i>Baraclude</i> )                                                                                   |
| 5084N  | <b>ETRAVIRINE</b> , etravirine 200 mg tablet, 60 ( <i>Intelence</i> )                                                                                           |
| 5745J  | <b>FOSAMPRENAVIR</b> , fosamprenavir 50 mg/mL oral liquid, 225 mL ( <i>Telzir</i> )                                                                             |
| 5746K  | <b>FOSAMPRENAVIR</b> , fosamprenavir 700 mg tablet, 60 ( <i>Telzir</i> )                                                                                        |
| 5747L  | <b>FOSCARNET</b> , FOSCARNET SODIUM I.V. infusion 24 mg per mL, 250 mL bottle, 6 ( <i>Foscavir</i> )                                                            |
| 5752R  | <b>INDINAVIR</b> , indinavir 400 mg capsule, 180 ( <i>Crixivan 400 mg</i> )                                                                                     |
| 5771R  | <b>LAMIVUDINE</b> , lamivudine 5 mg/mL oral liquid, 240 mL ( <i>Zeffix</i> )                                                                                    |
| 5773W  | <b>LAMIVUDINE</b> , lamivudine 10 mg/mL oral liquid, 240 mL ( <i>3TC</i> )                                                                                      |
| 5770Q  | <b>LAMIVUDINE</b> , lamivudine 100 mg tablet, 28 ( <i>Zeffix, Zetlam</i> )                                                                                      |
| 5772T  | <b>LAMIVUDINE</b> , lamivudine 150 mg tablet, 60 ( <i>3TC, Lamivudine Alphapharm, Lamivudine RBX</i> )                                                          |
| 5774X  | <b>LAMIVUDINE</b> , lamivudine 300 mg tablet, 30 ( <i>3TC, Lamivudine Alphapharm, Lamivudine RBX</i> )                                                          |
| 5775Y  | <b>LAMIVUDINE + ZIDOVUDINE</b> , lamivudine 150 mg + zidovudine 300 mg tablet, 60 ( <i>Combivir, Lamivudine 150 mg + Zidovudine 300 mg Alphapharm</i> )         |
| 5789Q  | <b>LOPINAVIR + RITONAVIR</b> , lopinavir 400 mg/5 mL + ritonavir 100 mg/5 mL oral liquid, 60 mL ( <i>Kaletra</i> )                                              |
| 5790R  | <b>LOPINAVIR + RITONAVIR</b> , lopinavir 100 mg + ritonavir 25 mg tablet, 60 ( <i>Kaletra</i> )                                                                 |

---

|        |                                                                                                                                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5791T  | <b>LOPINAVIR + RITONAVIR</b> , lopinavir 200 mg + ritonavir 50 mg tablet, 120 ( <i>Kaletra</i> )                                                                                                    |
| 5792W  | <b>MARAVIROC</b> , maraviroc 150 mg tablet, 60 ( <i>Celsentri</i> )                                                                                                                                 |
| 5793X  | <b>MARAVIROC</b> , maraviroc 300 mg tablet, 60 ( <i>Celsentri</i> )                                                                                                                                 |
| 9507J  | <b>NEVIRAPINE</b> , nevirapine 10 mg/mL oral liquid, 240 mL ( <i>Viramune</i> )                                                                                                                     |
| 9506H  | <b>NEVIRAPINE</b> , nevirapine 200 mg tablet, 60 ( <i>Nevipin</i> , <i>Nevirapine Alphapharm</i> , <i>Nevirapine RBX</i> , <i>Viramune</i> )                                                        |
| 1132N  | <b>NEVIRAPINE</b> , nevirapine 400 mg tablet: modified release, 30 tablets ( <i>Viramune XR</i> )                                                                                                   |
| 2736B  | <b>RALTEGRAVIR</b> , raltegravir 25 mg tablet: chewable, 60 ( <i>Isentress</i> )                                                                                                                    |
| 2760G  | <b>RALTEGRAVIR</b> , raltegravir 100 mg tablet: chewable, 60 ( <i>Isentress</i> )                                                                                                                   |
| 9523F  | <b>RALTEGRAVIR</b> , raltegravir 400 mg tablet, 60 ( <i>Isentress</i> )                                                                                                                             |
| 1173R  | <b>RILPIVIRINE</b> , rilpivirine 25 mg tablet, 30 ( <i>Edurant</i> )                                                                                                                                |
| 9542F  | <b>RITONAVIR</b> , ritonavir 600 mg/7.5 mL oral liquid, 90 mL ( <i>Norvir</i> )                                                                                                                     |
| 9660K  | <b>RITONAVIR</b> , ritonavir 100 mg tablet, 30 ( <i>Norvir</i> )                                                                                                                                    |
| 9545J  | <b>SAQUINAVIR</b> , saquinavir 500 mg tablet, 120 ( <i>Invirase</i> )                                                                                                                               |
| 9553T  | <b>STAVUDINE</b> , stavudine 20 mg capsule, 60 ( <i>Zerit</i> )                                                                                                                                     |
| 9554W  | <b>STAVUDINE</b> , stavudine 30 mg capsule, 60 ( <i>Zerit</i> )                                                                                                                                     |
| 9556Y  | <b>STAVUDINE</b> , stavudine 40 mg capsule, 60 ( <i>Zerit</i> )                                                                                                                                     |
| 9562G  | <b>TELIVUDINE</b> , telivudine 600 mg tablet, 28 ( <i>Sebivo</i> )                                                                                                                                  |
| 9563H  | <b>TENOFOVIR</b> , tenofovir disoproxil fumarate 300 mg tablet, 30 ( <i>Viread</i> )                                                                                                                |
| 9564J  | <b>TENOFOVIR + EMTRICITABINE</b> , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30 ( <i>Truvada</i> )                                                                        |
| 9565K  | <b>TENOFOVIR + EMTRICITABINE + EFAVIRENZ</b> , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + efavirenz 600 mg tablet, 30 ( <i>Atripla</i> )                                         |
| 10088Y | <b>TENOFOVIR + EMTRICITABINE + ELVITEGRAVIR + COBICISTAT</b> , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30 ( <i>Stribild</i> ) |
| 9567M  | <b>TIPRANAVIR</b> , tipranavir 250 mg capsule, 120 ( <i>Aptivus</i> )                                                                                                                               |
| 9651Y  | <b>ZIDOVUDINE</b> , zidovudine 100 mg capsule, 100 ( <i>Retrovir</i> )                                                                                                                              |
| 9652B  | <b>ZIDOVUDINE</b> , zidovudine 250 mg capsule, 40 ( <i>Retrovir</i> )                                                                                                                               |
| 9570Q  | <b>ZIDOVUDINE</b> , zidovudine 50 mg/5 mL oral liquid, 200 mL ( <i>Retrovir</i> )                                                                                                                   |

## Alterations

### Alteration – Restriction

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

|       |                                                                                                                                                  |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 5626D | <b>CLOZAPINE</b> , clozapine 50 mg tablet, 100 ( <i>Clopine 50</i> )                                                                             |
| 5627E | <b>CLOZAPINE</b> , clozapine 200 mg tablet, 100 ( <i>Clopine 200</i> )                                                                           |
| 5628F | <b>CLOZAPINE</b> , clozapine 25 mg tablet, 100 ( <i>Clopine 25</i> , <i>Clozaril 25</i> )                                                        |
| 5629G | <b>CLOZAPINE</b> , clozapine 100 mg tablet, 100 ( <i>Clopine 100</i> , <i>Clozaril 100</i> )                                                     |
| 5630H | <b>CLOZAPINE</b> , clozapine 50 mg/mL oral liquid, 100 mL ( <i>Clopine Suspension</i> )                                                          |
| 5749N | <b>GANCICLOVIR</b> , ganciclovir 500 mg injection, 5 x 500 mg vials ( <i>Cymevene</i> )                                                          |
| 5759D | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 3 million international units/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Roferon-A</i> )           |
| 5760E | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 4.5 million international units/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Roferon-A</i> )         |
| 5761F | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 6 million international units/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Roferon-A</i> )           |
| 5762G | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 9 million international units/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Roferon-A</i> )           |
| 5763H | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 18 million international units/1.2 mL injection, 1 x 1.2 mL cartridge ( <i>Intron A Redipen</i> ) |
| 5764J | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 30 million international units/1.2 mL injection, 1 x 1.2 mL cartridge                             |

---

|       |                                                                                                                                                   |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------|
|       | <i>(Intron A Redipen)</i>                                                                                                                         |
| 5765K | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 60 million international units/1.2 mL injection, 1 x 1.2 mL cartridge<br><i>(Intron A Redipen)</i> |
| 5766L | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 18 million international units/3 mL injection, 1 x 3 mL vial <i>(Intron A)</i>                     |
| 5767M | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 25 million international units/2.5 mL injection, 1 x 2.5 mL vial <i>(Intron A)</i>                 |
| 5768N | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 10 million international units/mL injection, 5 x 1 mL vials <i>(Intron A)</i>                      |
| 9515T | <b>PEGINTERFERON ALFA-2A</b> , peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes<br><i>(Pegasys)</i>                      |
| 9516W | <b>PEGINTERFERON ALFA-2A</b> , peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes<br><i>(Pegasys)</i>                      |
| 9569P | <b>VALGANCICLOVIR</b> , valganciclovir 450 mg tablet, 60 <i>(Valcyte)</i>                                                                         |
| 9655E | <b>VALGANCICLOVIR</b> , valganciclovir 50 mg/mL oral liquid: powder for, 100 mL <i>(Valcyte)</i>                                                  |

**Alteration – Manufacturer Code**

|       |                                                                     | <i>From</i> | <i>To</i> |
|-------|---------------------------------------------------------------------|-------------|-----------|
| 5825N | <i>Revolade</i> – <b>ELTROMBOPAG</b> , eltrombopag 25 mg tablet, 28 | GK          | NV        |
| 5826P | <i>Revolade</i> – <b>ELTROMBOPAG</b> , eltrombopag 50 mg tablet, 28 | GK          | NV        |

**Advance Notices**

**1 August 2015**

**Deletion – Brand**

|       |                                                                                                         |
|-------|---------------------------------------------------------------------------------------------------------|
| 5621W | <i>Sensipar, AN</i> – <b>CINACALCET</b> , cinacalcet 30 mg tablet, 28                                   |
| 5622X | <i>Sensipar, AN</i> – <b>CINACALCET</b> , cinacalcet 60 mg tablet, 28                                   |
| 5623Y | <i>Sensipar, AN</i> – <b>CINACALCET</b> , cinacalcet 90 mg tablet, 28                                   |
| 5661Y | <i>Desferal 2 g, NV</i> – <b>DESFERRIOXAMINE</b> , desferrioxamine mesylate 2 g injection, 1 x 2 g vial |

---

## Highly Specialised Drugs Program (Community Access) Additions

### Addition – Item

|        |                                                                                                                                                                 |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10356C | <b>ABACAVIR</b> , abacavir 20 mg/mL oral liquid, 240 mL ( <i>Ziagen</i> )                                                                                       |
| 10294T | <b>ABACAVIR</b> , abacavir 300 mg tablet, 60 ( <i>Ziagen</i> )                                                                                                  |
| 10357D | <b>ABACAVIR + LAMIVUDINE</b> , abacavir 600 mg + lamivudine 300 mg tablet, 30 ( <i>Kivexa</i> )                                                                 |
| 10305J | <b>ABACAVIR + LAMIVUDINE + ZIDOVUDINE</b> , abacavir 300 mg + lamivudine 150 mg + zidovudine 300 mg tablet, 60 ( <i>Trizivir</i> )                              |
| 10290N | <b>ADEFOVIR DIPIVOXIL</b> , adefovir dipivoxil 10 mg tablet, 30 ( <i>APO-Adefovir, Hepsera</i> )                                                                |
| 10276W | <b>ATAZANAVIR</b> , atazanavir 150 mg capsule, 60 ( <i>Reyataz</i> )                                                                                            |
| 10349Q | <b>ATAZANAVIR</b> , atazanavir 200 mg capsule, 60 ( <i>Reyataz</i> )                                                                                            |
| 10321F | <b>ATAZANAVIR</b> , atazanavir 300 mg capsule, 30 ( <i>Reyataz</i> )                                                                                            |
| 10341G | <b>CLOZAPINE</b> , clozapine 50 mg/mL oral liquid, 100 mL ( <i>Clopine Suspension</i> )                                                                         |
| 10289M | <b>CLOZAPINE</b> , clozapine 25 mg tablet, 100 ( <i>Clopine 25, Clozaril 25</i> )                                                                               |
| 10302F | <b>CLOZAPINE</b> , clozapine 50 mg tablet, 100 ( <i>Clopine 50</i> )                                                                                            |
| 10358E | <b>CLOZAPINE</b> , clozapine 100 mg tablet, 100 ( <i>Clopine 100, Clozaril 100</i> )                                                                            |
| 10288L | <b>CLOZAPINE</b> , clozapine 200 mg tablet, 100 ( <i>Clopine 200</i> )                                                                                          |
| 10287K | <b>DARUNAVIR</b> , darunavir 150 mg tablet, 240 ( <i>Prezista</i> )                                                                                             |
| 10329P | <b>DARUNAVIR</b> , darunavir 600 mg tablet, 60 ( <i>Prezista</i> )                                                                                              |
| 10367P | <b>DARUNAVIR</b> , darunavir 800 mg tablet, 30 ( <i>Prezista</i> )                                                                                              |
| 10350R | <b>DIDANOSINE</b> , didanosine 125 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 10351T | <b>DIDANOSINE</b> , didanosine 200 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 10364L | <b>DIDANOSINE</b> , didanosine 250 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 10313T | <b>DIDANOSINE</b> , didanosine 400 mg capsule: enteric, 30 ( <i>Videx EC</i> )                                                                                  |
| 10283F | <b>DOLUTEGRAVIR</b> , dolutegravir 50 mg tablet, 30 ( <i>Tivicay</i> )                                                                                          |
| 10345L | <b>DOLUTEGRAVIR + ABACAVIR + LAMIVUDINE</b> , dolutegravir 50 mg + abacavir 600 mg + lamivudine 300 mg tablet, 30 ( <i>Triumeq</i> )                            |
| 10275T | <b>EFAVIRENZ</b> , efavirenz 30 mg/mL oral liquid, 180 mL ( <i>Stocrin</i> )                                                                                    |
| 10336B | <b>EFAVIRENZ</b> , efavirenz 200 mg tablet, 90 ( <i>Stocrin</i> )                                                                                               |
| 10366N | <b>EFAVIRENZ</b> , efavirenz 600 mg tablet, 30 ( <i>Stocrin</i> )                                                                                               |
| 10274R | <b>EMTRICITABINE</b> , emtricitabine 200 mg capsule, 30 ( <i>Emtriva</i> )                                                                                      |
| 10314W | <b>EMTRICITABINE + RILPIVIRINE + TENOFOVIR</b> , emtricitabine 200 mg + rilpivirine 25 mg + tenofovir disoproxil fumarate 300 mg tablet, 30 ( <i>Eviplera</i> ) |
| 10365M | <b>ENFUVIRTIDE</b> , enfuvirtide 90 mg injection [60 x 90 mg vials] (& inert substance diluent [60 x 1.1 mL vials], 1 pack ( <i>Fuzeon</i> )                    |
| 10279B | <b>ENTECAVIR</b> , entecavir monohydrate 500 microgram tablet, 30 ( <i>Baraclude</i> )                                                                          |
| 10353X | <b>ENTECAVIR</b> , entecavir monohydrate 1 mg tablet, 30 ( <i>Baraclude</i> )                                                                                   |
| 10301E | <b>ETRAVIRINE</b> , etravirine 200 mg tablet, 60 ( <i>Intelence</i> )                                                                                           |
| 10368Q | <b>FOSAMPRENAVIR</b> , fosamprenavir 50 mg/mL oral liquid, 225 mL ( <i>Telzir</i> )                                                                             |
| 10337C | <b>FOSAMPRENAVIR</b> , fosamprenavir 700 mg tablet, 60 ( <i>Telzir</i> )                                                                                        |
| 10352W | <b>FOSCARNET</b> , FOSCARNET SODIUM I.V. infusion 24 mg per mL, 250 mL bottle, 6 ( <i>Foscavir</i> )                                                            |
| 10328N | <b>GANCICLOVIR</b> , ganciclovir 500 mg injection, 5 x 500 mg vials ( <i>Cymevene</i> )                                                                         |
| 10363K | <b>INDINAVIR</b> , indinavir 400 mg capsule, 180 ( <i>Crixivan 400 mg</i> )                                                                                     |
| 10317B | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 3 million international units/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Roferon-A</i> )                          |
| 10371W | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 4.5 million international units/0.5 mL injection, 1 x 0.5 mL syringe                                             |

|        |                                                                                                                                                    |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------|
|        | (Roferon-A)                                                                                                                                        |
| 10354Y | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 6 million international units/0.5 mL injection, 1 x 0.5 mL syringe (Roferon-A)                      |
| 10369R | <b>INTERFERON ALFA-2A</b> , interferon alfa-2a 9 million international units/0.5 mL injection, 1 x 0.5 mL syringe (Roferon-A)                      |
| 10370T | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 10 million international units/mL injection, 5 x 1 mL vials (Intron A)                              |
| 10291P | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 18 million international units/1.2 mL injection, 1 x 1.2 mL cartridge (Intron A Redipen)            |
| 10340F | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 18 million international units/3 mL injection, 1 x 3 mL vial (Intron A)                             |
| 10339E | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 25 million international units/2.5 mL injection, 1 x 2.5 mL vial (Intron A)                         |
| 10316Y | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 30 million international units/1.2 mL injection, 1 x 1.2 mL cartridge (Intron A Redipen)            |
| 10292Q | <b>INTERFERON ALFA-2B</b> , interferon alfa-2b 60 million international units/1.2 mL injection, 1 x 1.2 mL cartridge (Intron A Redipen)            |
| 10338D | <b>LAMIVUDINE</b> , lamivudine 5 mg/mL oral liquid, 240 mL (Zeffix)                                                                                |
| 10320E | <b>LAMIVUDINE</b> , lamivudine 10 mg/mL oral liquid, 240 mL (3TC)                                                                                  |
| 10315X | <b>LAMIVUDINE</b> , lamivudine 100 mg tablet, 28 (Zeffix, Zetlam)                                                                                  |
| 10348P | <b>LAMIVUDINE</b> , lamivudine 150 mg tablet, 60 (3TC, Lamivudine Alphapharm, Lamivudine RBX)                                                      |
| 10311Q | <b>LAMIVUDINE</b> , lamivudine 300 mg tablet, 30 (3TC, Lamivudine Alphapharm, Lamivudine RBX)                                                      |
| 10284G | <b>LAMIVUDINE + ZIDOVUDINE</b> , lamivudine 150 mg + zidovudine 300 mg tablet, 60 (Combivir, Lamivudine 150 mg + Zidovudine 300 mg Alphapharm)     |
| 10327M | <b>LOPINAVIR + RITONAVIR</b> , lopinavir 400 mg/5 mL + ritonavir 100 mg/5 mL oral liquid, 60 mL (Kaletra)                                          |
| 10285H | <b>LOPINAVIR + RITONAVIR</b> , lopinavir 100 mg + ritonavir 25 mg tablet, 60 (Kaletra)                                                             |
| 10272P | <b>LOPINAVIR + RITONAVIR</b> , lopinavir 200 mg + ritonavir 50 mg tablet, 120 (Kaletra)                                                            |
| 10318C | <b>MARAVIROC</b> , maraviroc 150 mg tablet, 60 (Celsentri)                                                                                         |
| 10355B | <b>MARAVIROC</b> , maraviroc 300 mg tablet, 60 (Celsentri)                                                                                         |
| 10319D | <b>NEVIRAPINE</b> , nevirapine 10 mg/mL oral liquid, 240 mL (Viramune)                                                                             |
| 10304H | <b>NEVIRAPINE</b> , nevirapine 200 mg tablet, 60 (Nevipin, Nevirapine Alphapharm, Nevirapine RBX, Viramune)                                        |
| 10303G | <b>NEVIRAPINE</b> , nevirapine 400 mg tablet: modified release, 30 tablets (Viramune XR)                                                           |
| 10280C | <b>PEGINTERFERON ALFA-2A</b> , peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes (Pegasys)                                 |
| 10278Y | <b>PEGINTERFERON ALFA-2A</b> , peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes (Pegasys)                                 |
| 10299C | <b>RALTEGRAVIR</b> , raltegravir 25 mg tablet: chewable, 60 (Isentress)                                                                            |
| 10326L | <b>RALTEGRAVIR</b> , raltegravir 100 mg tablet: chewable, 60 (Isentress)                                                                           |
| 10286J | <b>RALTEGRAVIR</b> , raltegravir 400 mg tablet, 60 (Isentress)                                                                                     |
| 10298B | <b>RILPIVIRINE</b> , rilpivirine 25 mg tablet, 30 (Edurant)                                                                                        |
| 10300D | <b>RITONAVIR</b> , ritonavir 600 mg/7.5 mL oral liquid, 90 mL (Norvir)                                                                             |
| 10273Q | <b>RITONAVIR</b> , ritonavir 100 mg tablet, 30 (Norvir)                                                                                            |
| 10335Y | <b>SAQUINAVIR</b> , saquinavir 500 mg tablet, 120 (Invirase)                                                                                       |
| 10325K | <b>STAVUDINE</b> , stavudine 20 mg capsule, 60 (Zerit)                                                                                             |
| 10271N | <b>STAVUDINE</b> , stavudine 30 mg capsule, 60 (Zerit)                                                                                             |
| 10312R | <b>STAVUDINE</b> , stavudine 40 mg capsule, 60 (Zerit)                                                                                             |
| 10372X | <b>TELBIVUDINE</b> , telbivudine 600 mg tablet, 28 (Sebivo)                                                                                        |
| 10310P | <b>TENOFOVIR</b> , tenofovir disoproxil fumarate 300 mg tablet, 30 (Viread)                                                                        |
| 10347N | <b>TENOFOVIR + EMTRICITABINE</b> , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30 (Truvada)                                |
| 10297Y | <b>TENOFOVIR + EMTRICITABINE + EFAVIRENZ</b> , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + efavirenz 600 mg tablet, 30 (Atripla) |

---

|        |                                                                                                                                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10307L | <b>TENOFOVIR + EMTRICITABINE + ELVITEGRAVIR + COBICISTAT</b> , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30 ( <i>Stribild</i> ) |
| 10344K | <b>TIPRANAVIR</b> , tipranavir 250 mg capsule, 120 ( <i>Aptivus</i> )                                                                                                                               |
| 10277X | <b>VALGANCICLOVIR</b> , valganciclovir 50 mg/mL oral liquid: powder for, 100 mL ( <i>Valcyte</i> )                                                                                                  |
| 10306K | <b>VALGANCICLOVIR</b> , valganciclovir 450 mg tablet, 60 ( <i>Valcyte</i> )                                                                                                                         |
| 10266H | <b>ZIDOVUDINE</b> , zidovudine 100 mg capsule, 100 ( <i>Retrovir</i> )                                                                                                                              |
| 10360G | <b>ZIDOVUDINE</b> , zidovudine 250 mg capsule, 40 ( <i>Retrovir</i> )                                                                                                                               |
| 10361H | <b>ZIDOVUDINE</b> , zidovudine 50 mg/5 mL oral liquid, 200 mL ( <i>Retrovir</i> )                                                                                                                   |

---

## Botulinum Toxin Program Alterations

### ***Alteration – Restriction***

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

|        |                                                                                                                                                                                         |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6103F  | <b>BOTULINUM TOXIN TYPE A</b> , botulinum toxin type A 100 units injection, 1 x 100 units vial ( <i>Botox</i> )                                                                         |
| 1152P  | <b>CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX</b> , clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 x 300 units vial ( <i>Dysport</i> ) |
| 6293F  | <b>CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX</b> , clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 x 500 units vial ( <i>Dysport</i> ) |
| 10253P | <b>INCOBOTULINUMTOXINA</b> , incobotulinumtoxinA 100 mouse LD50 units injection, 1 x 100 mouse LD50 units vial ( <i>Xeomin</i> )                                                        |

## IVF Program Alterations

### Alteration – Restriction

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

|        |                                                                                                                                                                                                                               |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9599F  | <b>CETRORELIX</b> , cetrorelix 250 microgram injection [1 x 250 microgram vial] (&) inert substance diluent [1 x 1 mL syringe], 1 pack ( <i>Cetrotide</i> )                                                                   |
| 6182J  | <b>CHORIOGONADOTROPIN ALFA</b> , choriogonadotropin alfa 250 microgram/0.5 mL injection, 1 x 0.5 mL cartridge ( <i>Ovidrel</i> )                                                                                              |
| 9631X  | <b>CHORIOGONADOTROPIN ALFA</b> , choriogonadotropin alfa 250 microgram/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Ovidrel</i> )                                                                                                |
| 5816D  | <b>CORIFOLLITROPIN ALFA</b> , corifollitropin alfa 100 microgram/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Elonva</i> )                                                                                                       |
| 5817E  | <b>CORIFOLLITROPIN ALFA</b> , corifollitropin alfa 150 microgram/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Elonva</i> )                                                                                                       |
| 6431L  | <b>FOLLITROPIN ALFA</b> , follitropin alfa 300 international units / 0.5 mL (21.84 microgram/0.5 mL) injection, 1 x 0.5 mL cartridge ( <i>Gonal-f Pen</i> )                                                                   |
| 6432M  | <b>FOLLITROPIN ALFA</b> , follitropin alfa 450 international units / 0.75 mL (32.76 microgram/0.75 mL) injection, 1 x 0.75 mL cartridge ( <i>Gonal-f Pen</i> )                                                                |
| 6433N  | <b>FOLLITROPIN ALFA</b> , follitropin alfa 900 international units / 1.5 mL (65.52 microgram/1.5 mL) injection, 1 x 1.5 mL cartridge ( <i>Gonal-f Pen</i> )                                                                   |
| 6335K  | <b>FOLLITROPIN BETA</b> , follitropin beta 300 international units/0.36 mL injection, 1 x 0.36 mL cartridge ( <i>Puregon 300 IU/0.36 mL</i> )                                                                                 |
| 6336L  | <b>FOLLITROPIN BETA</b> , follitropin beta 600 international units/0.72 mL injection, 1 x 0.72 mL cartridge ( <i>Puregon 600 IU/0.72 mL</i> )                                                                                 |
| 6464F  | <b>FOLLITROPIN BETA</b> , follitropin beta 900 international units/1.08 mL injection, 1 x 1.08 mL cartridge ( <i>Puregon 900 IU/1.08 mL</i> )                                                                                 |
| 9583J  | <b>GANIRELIX</b> , ganirelix 250 microgram/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Orgalutran</i> )                                                                                                                         |
| 9584K  | <b>GANIRELIX</b> , ganirelix 250 microgram/0.5 mL injection, 5 x 0.5 mL syringes ( <i>Orgalutran</i> )                                                                                                                        |
| 6178E  | <b>GONADOTROPHIN CHORIONIC HUMAN</b> , gonadotrophin chorionic human 1500 international units injection [3 x 1500 international units ampoules] (&) inert substance diluent [3 x 1 mL ampoules], 1 pack ( <i>Pregnyl</i> )    |
| 6181H  | <b>GONADOTROPHIN CHORIONIC HUMAN</b> , gonadotrophin chorionic human 5000 international units injection [1 x 5000 international units ampoule] (&) inert substance diluent [1 x 1 mL ampoule], 1 pack ( <i>Pregnyl</i> )      |
| 2036E  | <b>GONADOTROPHIN-MENOPAUSAL HUMAN</b> , gonadotrophin-menopausal human 600 international units injection [1 x 600 international units vial] (&) inert substance diluent [1 x 1 mL syringe], 1 pack ( <i>Menopur 600</i> )     |
| 2038G  | <b>GONADOTROPHIN-MENOPAUSAL HUMAN</b> , gonadotrophin-menopausal human 1200 international units injection [1 x 1200 international units vial] (&) inert substance diluent [2 x 1 mL syringes], 1 pack ( <i>Menopur 1200</i> ) |
| 5815C  | <b>NAFARELIN</b> , nafarelin 200 microgram/actuation nasal spray, 60 actuations ( <i>Synarel</i> )                                                                                                                            |
| 10116K | <b>PROGESTERONE</b> , progesterone 100 mg pessary, 21 ( <i>Endometrin</i> )                                                                                                                                                   |
| 6366C  | <b>PROGESTERONE</b> , progesterone 8% vaginal gel, 15 applications ( <i>Crinone 8%</i> )                                                                                                                                      |
| 9608Q  | <b>PROGESTERONE</b> , progesterone 100 mg pessary, 15 ( <i>Oripro</i> )                                                                                                                                                       |
| 9609R  | <b>PROGESTERONE</b> , progesterone 200 mg pessary, 15 ( <i>Oripro</i> )                                                                                                                                                       |

### Alteration – Restriction Level

|       |                                                                                                                                                             | From       | To          |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|
| 9599F | <b>CETRORELIX</b> , cetrorelix 250 microgram injection [1 x 250 microgram vial] (&) inert substance diluent [1 x 1 mL syringe], 1 pack ( <i>Cetrotide</i> ) | restricted | streamlined |
| 6182J | <b>CHORIOGONADOTROPIN ALFA</b> , choriogonadotropin alfa 250 microgram/0.5 mL injection, 1 x 0.5 mL cartridge ( <i>Ovidrel</i> )                            | restricted | streamlined |
| 9631X | <b>CHORIOGONADOTROPIN ALFA</b> , choriogonadotropin alfa 250 microgram/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Ovidrel</i> )                              | restricted | streamlined |
| 5816D | <b>CORIFOLLITROPIN ALFA</b> , corifollitropin alfa 100 microgram/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Elonva</i> )                                     | restricted | streamlined |
| 5817E | <b>CORIFOLLITROPIN ALFA</b> , corifollitropin alfa 150 microgram/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Elonva</i> )                                     | restricted | streamlined |

|        |                                                                                                                                                                                                                               |            |             |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|
| 6431L  | <b>FOLLITROPIN ALFA</b> , follitropin alfa 300 international units / 0.5 mL (21.84 microgram/0.5 mL) injection, 1 x 0.5 mL cartridge ( <i>Gonal-f Pen</i> )                                                                   | restricted | streamlined |
| 6432M  | <b>FOLLITROPIN ALFA</b> , follitropin alfa 450 international units / 0.75 mL (32.76 microgram/0.75 mL) injection, 1 x 0.75 mL cartridge ( <i>Gonal-f Pen</i> )                                                                | restricted | streamlined |
| 6433N  | <b>FOLLITROPIN ALFA</b> , follitropin alfa 900 international units / 1.5 mL (65.52 microgram/1.5 mL) injection, 1 x 1.5 mL cartridge ( <i>Gonal-f Pen</i> )                                                                   | restricted | streamlined |
| 6335K  | <b>FOLLITROPIN BETA</b> , follitropin beta 300 international units/0.36 mL injection, 1 x 0.36 mL cartridge ( <i>Puregon 300 IU/0.36 mL</i> )                                                                                 | restricted | streamlined |
| 6336L  | <b>FOLLITROPIN BETA</b> , follitropin beta 600 international units/0.72 mL injection, 1 x 0.72 mL cartridge ( <i>Puregon 600 IU/0.72 mL</i> )                                                                                 | restricted | streamlined |
| 6464F  | <b>FOLLITROPIN BETA</b> , follitropin beta 900 international units/1.08 mL injection, 1 x 1.08 mL cartridge ( <i>Puregon 900 IU/1.08 mL</i> )                                                                                 | restricted | streamlined |
| 9583J  | <b>GANIRELIX</b> , ganirelix 250 microgram/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Orgalutran</i> )                                                                                                                         | restricted | streamlined |
| 9584K  | <b>GANIRELIX</b> , ganirelix 250 microgram/0.5 mL injection, 5 x 0.5 mL syringes ( <i>Orgalutran</i> )                                                                                                                        | restricted | streamlined |
| 6178E  | <b>GONADOTROPHIN CHORIONIC HUMAN</b> , gonadotrophin chorionic human 1500 international units injection [3 x 1500 international units ampoules] (&) inert substance diluent [3 x 1 mL ampoules], 1 pack ( <i>Pregnyl</i> )    | restricted | streamlined |
| 6181H  | <b>GONADOTROPHIN CHORIONIC HUMAN</b> , gonadotrophin chorionic human 5000 international units injection [1 x 5000 international units ampoule] (&) inert substance diluent [1 x 1 mL ampoule], 1 pack ( <i>Pregnyl</i> )      | restricted | streamlined |
| 2036E  | <b>GONADOTROPHIN-MENOPAUSAL HUMAN</b> , gonadotrophin-menopausal human 600 international units injection [1 x 600 international units vial] (&) inert substance diluent [1 x 1 mL syringe], 1 pack ( <i>Menopur 600</i> )     | restricted | streamlined |
| 2038G  | <b>GONADOTROPHIN-MENOPAUSAL HUMAN</b> , gonadotrophin-menopausal human 1200 international units injection [1 x 1200 international units vial] (&) inert substance diluent [2 x 1 mL syringes], 1 pack ( <i>Menopur 1200</i> ) | restricted | streamlined |
| 5815C  | <b>NAFARELIN</b> , nafarelin 200 microgram/actuation nasal spray, 60 actuations ( <i>Synarel</i> )                                                                                                                            | restricted | streamlined |
| 10116K | <b>PROGESTERONE</b> , progesterone 100 mg pessary, 21 ( <i>Endometrin</i> )                                                                                                                                                   | restricted | streamlined |
| 6366C  | <b>PROGESTERONE</b> , progesterone 8% vaginal gel, 15 applications ( <i>Crinone 8%</i> )                                                                                                                                      | restricted | streamlined |
| 9608Q  | <b>PROGESTERONE</b> , progesterone 100 mg pessary, 15 ( <i>Oripro</i> )                                                                                                                                                       | restricted | streamlined |
| 9609R  | <b>PROGESTERONE</b> , progesterone 200 mg pessary, 15 ( <i>Oripro</i> )                                                                                                                                                       | restricted | streamlined |

#### **Alteration – Maximum Quantity**

|       |                                                                                                                                                                                                                          | <i>From</i> | <i>To</i> |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|
| 9599F | <b>CETRORELIX</b> , cetrorelix 250 microgram injection [1 x 250 microgram vial] (&) inert substance diluent [1 x 1 mL syringe], 1 pack ( <i>Cetrotide</i> )                                                              | 1           | 10        |
| 6431L | <b>FOLLITROPIN ALFA</b> , follitropin alfa 300 international units / 0.5 mL (21.84 microgram/0.5 mL) injection, 1 x 0.5 mL cartridge ( <i>Gonal-f Pen</i> )                                                              | 1           | 2         |
| 6432M | <b>FOLLITROPIN ALFA</b> , follitropin alfa 450 international units / 0.75 mL (32.76 microgram/0.75 mL) injection, 1 x 0.75 mL cartridge ( <i>Gonal-f Pen</i> )                                                           | 1           | 2         |
| 6433N | <b>FOLLITROPIN ALFA</b> , follitropin alfa 900 international units / 1.5 mL (65.52 microgram/1.5 mL) injection, 1 x 1.5 mL cartridge ( <i>Gonal-f Pen</i> )                                                              | 1           | 5         |
| 6335K | <b>FOLLITROPIN BETA</b> , follitropin beta 300 international units/0.36 mL injection, 1 x 0.36 mL cartridge ( <i>Puregon 300 IU/0.36 mL</i> )                                                                            | 1           | 2         |
| 6336L | <b>FOLLITROPIN BETA</b> , follitropin beta 600 international units/0.72 mL injection, 1 x 0.72 mL cartridge ( <i>Puregon 600 IU/0.72 mL</i> )                                                                            | 1           | 4         |
| 6464F | <b>FOLLITROPIN BETA</b> , follitropin beta 900 international units/1.08 mL injection, 1 x 1.08 mL cartridge ( <i>Puregon 900 IU/1.08 mL</i> )                                                                            | 1           | 5         |
| 9583J | <b>GANIRELIX</b> , ganirelix 250 microgram/0.5 mL injection, 1 x 0.5 mL syringe ( <i>Orgalutran</i> )                                                                                                                    | 1           | 10        |
| 9584K | <b>GANIRELIX</b> , ganirelix 250 microgram/0.5 mL injection, 5 x 0.5 mL syringes ( <i>Orgalutran</i> )                                                                                                                   | 1           | 2         |
| 6181H | <b>GONADOTROPHIN CHORIONIC HUMAN</b> , gonadotrophin chorionic human 5000 international units injection [1 x 5000 international units ampoule] (&) inert substance diluent [1 x 1 mL ampoule], 1 pack ( <i>Pregnyl</i> ) | 1           | 2         |

---

|        |                                                                                                                                                                                                                               |   |   |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 2036E  | <b>GONADOTROPHIN-MENOPAUSAL HUMAN</b> , gonadotrophin-menopausal human 600 international units injection [1 x 600 international units vial] (&) inert substance diluent [1 x 1 mL syringe], 1 pack ( <i>Menopur 600</i> )     | 1 | 3 |
| 2038G  | <b>GONADOTROPHIN-MENOPAUSAL HUMAN</b> , gonadotrophin-menopausal human 1200 international units injection [1 x 1200 international units vial] (&) inert substance diluent [2 x 1 mL syringes], 1 pack ( <i>Menopur 1200</i> ) | 1 | 4 |
| 5815C  | <b>NAFARELIN</b> , nafarelin 200 microgram/actuation nasal spray, 60 actuations ( <i>Synarel</i> )                                                                                                                            | 1 | 2 |
| 10116K | <b>PROGESTERONE</b> , progesterone 100 mg pessary, 21 ( <i>Endometrin</i> )                                                                                                                                                   | 1 | 2 |
| 6366C  | <b>PROGESTERONE</b> , progesterone 8% vaginal gel, 15 applications ( <i>Crinone 8%</i> )                                                                                                                                      | 1 | 2 |
| 9608Q  | <b>PROGESTERONE</b> , progesterone 100 mg pessary, 15 ( <i>Oripro</i> )                                                                                                                                                       | 1 | 3 |
| 9609R  | <b>PROGESTERONE</b> , progesterone 200 mg pessary, 15 ( <i>Oripro</i> )                                                                                                                                                       | 1 | 3 |

---

## Repatriation Pharmaceutical Benefits Additions

### Addition – Brand

4586J *Sildenafil generichealth, GQ* – **SILDENAFIL**, sildenafil 100 mg tablet, 4

### Deletions

### Deletion – Item

4566H **PODOPHYLLOTOXIN**, podophyllotoxin 0.5% solution, 3.5 mL (*Condyline Paint*)

### Deletion – Brand

4586J *Sildenafil GH, GQ* – **SILDENAFIL**, sildenafil 100 mg tablet, 4

### Alterations

### Alteration – Brand Name

*From*

2194L *FonatPLUS, AF* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram tablet, 4

*To*

2194L *FonatPlus, AF* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram tablet, 4

*From*

2224C *FonatPLUS, AF* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 140 microgram tablet, 4

*To*

2224C *FonatPlus, AF* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 140 microgram tablet, 4

### Advance Notices

#### 1 August 2015

### Deletion – Brand

4592Q *DBL Gabapentin, HH* – **GABAPENTIN**, gabapentin 300 mg capsule, 100

4593R *DBL Gabapentin, HH* – **GABAPENTIN**, gabapentin 400 mg capsule, 100

# General Pharmaceutical Benefits

## ■ BETAXOLOL

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

### betaxolol 0.25% eye drops, 5 mL

| 5543R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| OP    | 1             | 5           | ..         | 17.68   | 18.85    | Betoptic S [AQ]             |

### betaxolol 0.5% eye drops, 5 mL

| 5544T | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|-------------------|---------|----------|-----------------------------|
| OP    | 1             | 5           | <sup>B</sup> 1.81 | 17.68   | 18.85    | <sup>a</sup> Betoptic [AQ]  |
|       |               |             | ..                |         | 18.85    | <sup>a</sup> BetoQuin [IQ]  |

## ■ BIMATOPROST

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

### bimatoprost 0.03% eye drops, 30 x 0.4 mL unit doses

| 10053D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| OP     | 1             | 5           | ..         | 36.64   | 37.70    | Lumigan PF [AG]             |

### bimatoprost 0.03% eye drops, 3 mL

| 5551E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| OP    | 1             | 5           | ..         | 41.64   | 37.70    | Lumigan [AG]                |

## ■ BIMATOPROST + TIMOLOL

### Restricted benefit

Elevated intra-ocular pressure

### **Clinical criteria:**

The condition must have been inadequately controlled with monotherapy, **AND**

Patient must have open-angle glaucoma; OR

Patient must have ocular hypertension.

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

### bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses

| 10108B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| OP     | 1             | 5           | ..         | 40.38   | 37.70    | GANfort PF 0.3/5 [AG]       |

### bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

| 5558M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| OP    | 1             | 5           | ..         | 46.10   | 37.70    | Ganfort 0.3/5 [AG]          |

## ■ BRIMONIDINE

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

### brimonidine tartrate 0.2% eye drops, 5 mL

| 5534G | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|-------------------|---------|----------|-----------------------------|
| OP    | 1             | 5           | <sup>B</sup> 1.42 | 22.35   | 23.52    | <sup>a</sup> Alphagan [AG]  |
|       |               |             | ..                |         | 23.52    | <sup>a</sup> Enidin [PE]    |

**brimonidine tartrate 0.15% eye drops, 5 mL**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5563T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| OP    | ±1            | 5           | ..         | 22.35   | 23.52    | Alphagan P 1.5 [AG]         |

**■ BRIMONIDINE + TIMOLOL****Restricted benefit**

Elevated intra-ocular pressure

**Clinical criteria:**The condition must have been inadequately controlled with monotherapy, **AND**

Patient must have open-angle glaucoma; OR

Patient must have ocular hypertension.

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.**brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5535H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| OP    | ±1            | 5           | ..         | 27.47   | 28.64    | Combigan [AG]               |

**■ BRINZOLAMIDE****Note:** For prescribing in accordance with Optometry Board of Australia guidelines.**brinzolamide 1% eye drops, 5 mL**

|       |               |             |                   |         |          |                              |
|-------|---------------|-------------|-------------------|---------|----------|------------------------------|
| 5540N | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer  |
| OP    | ±1            | 5           | <sup>B</sup> 1.02 | 24.64   | 25.81    | <sup>a</sup> Azopt [AQ]      |
|       |               |             | ..                |         | 25.81    | <sup>a</sup> BrinzoQuin [IQ] |

**■ BRINZOLAMIDE + TIMOLOL****Restricted benefit**

Elevated intra-ocular pressure

**Clinical criteria:**The condition must have been inadequately controlled with monotherapy, **AND**

Patient must have open-angle glaucoma; OR

Patient must have ocular hypertension.

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.**brinzolamide 1% + timolol 0.5% eye drops, 5 mL**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5562R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| OP    | ±1            | 5           | ..         | 28.21   | 29.38    | Azarga [AQ]                 |

**■ CAPTOPRIL****Caution**

Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

**Restricted benefit**

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

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

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 8760C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
| NP    | ±1            | 5           | ..         | 106.24  | 37.70    | Capoten [QA]                |

**■ CRIZOTINIB****Authority required**

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

**Clinical criteria:**The treatment must be as monotherapy, **AND**The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**

Patient must have a WHO performance status of 2 or less.

**Population criteria:**

Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed ALK-Positive Non-Small-Cell Lung Cancer Authority Application - Supporting Information Form, which includes details of ALK gene rearrangement in tumour material by FISH testing.

**Note:** Prescribers must provide the patient's unique identifier (in form XALK XXX, where XXX is a numerical value) when requesting PBS Authority approval. The patient's unique identifier is received upon registering the patient with the sponsor's crizotinib (Xalkori) Managed Entry Scheme website.  
Please visit [www.xalkorimes.com.au](http://www.xalkorimes.com.au)

**Authority required**

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

**Clinical criteria:**

The treatment must be as monotherapy, **AND**

Patient must have previously been issued with an authority prescription for this drug, **AND**

Patient must not have progressive disease.

**Note:** Prescribers must provide the patient's unique identifier (in form XALK XXX, where XXX is a numerical value) when requesting PBS Authority approval. The patient's unique identifier was received upon registering the patient with the sponsor's crizotinib (Xalkori) Managed Entry Scheme website at the time of initiation.

**Note:** Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

**Authority required**

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Grandfathering treatment

**Clinical criteria:**

Patient must have received treatment with crizotinib for this condition prior to 1 July 2015, **AND**

The treatment must be as monotherapy, **AND**

The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**

Patient must have a WHO performance status of 2 or less, **AND**

Patient must not have progressive disease.

**Population criteria:**

Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed ALK-Positive Non-Small-Cell Lung Cancer Authority Application - Supporting Information Form, which includes details of ALK gene rearrangement in tumour material by FISH testing.

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

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

**Note:** Special Pricing Arrangements apply.

**Note: MANAGED ENTRY SCHEME**

This medicine has been listed on the PBS via a Managed Entry Scheme (MES). This MES provides a mechanism to address the uncertainty over the size of the additional clinical benefit of this medicine while providing early access to those patients for whom there is a high clinical need.

Information about the benefits of this medicine in clinical practice will be collected, analysed and presented to the Pharmaceutical Benefits Advisory Committee (PBAC) for consideration in the near future.

Prescribers and patients must be aware that if a drug listed via a MES does not prove as beneficial in clinical practice as appeared in the clinical data presented to the PBAC, it may subsequently have its restriction modified, or may be removed from the PBS by the Commonwealth or at the request of the sponsor.

The relevant information for crizotinib is being collected about selected patients from their prescribing doctor. Patients are being selected on the grounds that they are crizotinib-naïve when initiating PBS supply. Selection will stop when there are enough patients providing the relevant information.

Details of these arrangements are included in an information sheet that must be provided by the prescribing doctor to each selected patient receiving PBS-subsidy for this medicine.

For more information on Managed Entry Schemes, please visit

<http://www.pbs.gov.au/info/publication/factsheets/shared/framework-for-introduction-of-managed-entry-scheme-for-PBAC-submissions>.

For more information on the PBAC's consideration of this medicine and its MES, please visit

<http://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/psd/2014-11/crizotinib-psd-11-2014>

**crizotinib 250 mg capsule, 60**

10322G

| Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|---------------|-------------|------------|---------|----------|-----------------------------|
| 1             | 1           | ..         | 7275.17 | 37.70    | Xalkori [PF]                |

**crizotinib 200 mg capsule, 60**

| 10323H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 1           | ..         | 7275.17 | 37.70    | Xalkori [PF]                |

**■ DAPAGLIFLOZIN****Authority required (STREAMLINED)****4983**

Diabetes mellitus type 2

**Clinical criteria:**

The treatment must be in combination with metformin; OR

The treatment must be in combination with a sulfonylurea, **AND**

Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR

Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

- (a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
- (b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

A patient whose diabetes was previously demonstrated unable to be controlled with metformin or a sulfonylurea does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this drug.

**Authority required (STREAMLINED)****4991**

Diabetes mellitus type 2

**Clinical criteria:**

The treatment must be in combination with insulin, **AND**

Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

- (a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
- (b) Had red cell transfusion within the previous 3 months.

The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

**Authority required (STREAMLINED)****5062**

Diabetes mellitus type 2

**Clinical criteria:**

The treatment must be in combination with metformin, **AND**

The treatment must be in combination with a sulfonylurea, **AND**

Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea; OR

Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or  
(b) Had red cell transfusion within the previous 3 months.  
The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

**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.

**Note:** This drug is not PBS subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), a dipeptidyl peptidase 4 inhibitor (gliptin) or a glucagon-like peptide-1.

**dapagliflozin 10 mg tablet, 28**

| 10011X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| NP     | 1             | 5           | ..         | 57.60   | 37.70    | Forxiga [AP]                |

▪ **DORZOLAMIDE**

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

**dorzolamide 2% (20 mg/mL) eye drops, 5 mL**

| 5541P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|-----------------------------|
| OP    | 1             | 5           | ..         | 21.29   | 22.46    | <sup>a</sup> Trusamide [QA] | <sup>a</sup> Trusopt [MK]   |

▪ **DORZOLAMIDE + TIMOLOL**

**Restricted benefit**

Elevated intra-ocular pressure

**Clinical criteria:**

The condition must have been inadequately controlled with monotherapy, **AND**

Patient must have open-angle glaucoma; OR

Patient must have ocular hypertension.

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

**dorzolamide 2% + timolol 0.5% eye drops, 5 mL**

| 5542Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                   | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-------------------------------------------------------------------------------|-----------------------------|
| OP    | 1             | 5           | ..         | 25.58   | 26.75    | <sup>a</sup> Cosdor [QA]<br><sup>a</sup> Dorzolamide/Timolol Sandoz 20/5 [SZ] | <sup>a</sup> Cosopt [MK]    |

▪ **ESOMEPRAZOLE**

**Restricted benefit**

Gastric ulcer

Treatment Phase: Initial treatment

**Note:** Helicobacter pylori eradication therapy should be considered.

**Note:** Pharmaceutical benefits that have the form esomeprazole tablet 20 mg and pharmaceutical benefits that have the form esomeprazole capsule 20 mg are equivalent for the purposes of substitution.

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

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

**esomeprazole 20 mg capsule, 30**

| 10295W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|--------|---------------|-------------|------------|---------|----------|--------------------------------|
| NP     | 1             | 1           | ..         | 26.60   | 27.77    | <sup>a</sup> Noxicid Caps [AL] |

**esomeprazole 20 mg tablet: enteric, 30 tablets**

| 8886Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                                                  | Brand Name and Manufacturer                                                                             |
|-------|---------------|-------------|------------|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| NP    | 1             | 1           | ..         | 26.60   | 27.77    | <sup>a</sup> Esomeprazole AN [EA]<br><sup>a</sup> Esomeprazole GxP [AF]<br><sup>a</sup> Esomeprazole Sandoz [SZ]<br><sup>a</sup> Nexole [QA] | <sup>a</sup> Esomeprazole Apotex [TX]<br><sup>a</sup> Esomeprazole RBX [RA]<br><sup>a</sup> Nexium [AP] |

▪ **ESOMEPRAZOLE**

**Restricted benefit**

Gastro-oesophageal reflux disease

**Clinical criteria:**

The treatment must be for the healing of gastro-oesophageal reflux disease.

**Note:** Pharmaceutical benefits that have the form esomeprazole tablet 40 mg and pharmaceutical benefits that have the form esomeprazole capsule 40 mg are equivalent for the purposes of substitution.

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

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

### esomeprazole 40 mg capsule, 30

| 10330Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|--------|---------------|-------------|------------|---------|----------|--------------------------------|
| NP     | 1             | 1           | ..         | 37.86   | 37.70    | <sup>a</sup> Noxicid Caps [AL] |

### esomeprazole 40 mg tablet: enteric, 30 tablets

| 8601Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                                                  | Brand Name and Manufacturer                                                                             |
|-------|---------------|-------------|------------|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| NP    | 1             | 1           | ..         | 37.86   | 37.70    | <sup>a</sup> Esomeprazole AN [EA]<br><sup>a</sup> Esomeprazole GxP [AF]<br><sup>a</sup> Esomeprazole Sandoz [SZ]<br><sup>a</sup> Nexole [QA] | <sup>a</sup> Esomeprazole Apotex [TX]<br><sup>a</sup> Esomeprazole RBX [RA]<br><sup>a</sup> Nexium [AP] |

## ■ ESOMEPRAZOLE

### Authority required

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

### Authority required

Scleroderma oesophagus

**Note:** Pharmaceutical benefits that have the form esomeprazole tablet 40 mg and pharmaceutical benefits that have the form esomeprazole capsule 40 mg are equivalent for the purposes of substitution.

### **Note: Continuing Therapy Only:**

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

### esomeprazole 40 mg capsule, 30

| 10331R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|--------|---------------|-------------|------------|---------|----------|--------------------------------|
| NP     | 1             | 5           | ..         | 37.86   | 37.70    | <sup>a</sup> Noxicid Caps [AL] |

### esomeprazole 40 mg tablet: enteric, 30 tablets

| 3401B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                                                  | Brand Name and Manufacturer                                                                             |
|-------|---------------|-------------|------------|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| NP    | 1             | 5           | ..         | 37.86   | 37.70    | <sup>a</sup> Esomeprazole AN [EA]<br><sup>a</sup> Esomeprazole GxP [AF]<br><sup>a</sup> Esomeprazole Sandoz [SZ]<br><sup>a</sup> Nexole [QA] | <sup>a</sup> Esomeprazole Apotex [TX]<br><sup>a</sup> Esomeprazole RBX [RA]<br><sup>a</sup> Nexium [AP] |

## ■ ESOMEPRAZOLE

### Restricted benefit

Gastro-oesophageal reflux disease

### Clinical criteria:

The treatment must be maintenance therapy, **AND**

The condition must be healed.

### Restricted benefit

Scleroderma oesophagus

### Restricted benefit

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

**Note:** Pharmaceutical benefits that have the form esomeprazole tablet 20 mg and pharmaceutical benefits that have the form esomeprazole capsule 20 mg are equivalent for the purposes of substitution.

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

### esomeprazole 20 mg capsule, 30

| 10343J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer    |
|--------|---------------|-------------|------------|---------|----------|--------------------------------|
| NP     | 1             | 5           | ..         | 26.60   | 27.77    | <sup>a</sup> Noxicid Caps [AL] |

### esomeprazole 20 mg tablet: enteric, 30 tablets

| 8600P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                                                  | Brand Name and Manufacturer                                                                             |
|-------|---------------|-------------|------------|---------|----------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| NP    | 1             | 5           | ..         | 26.60   | 27.77    | <sup>a</sup> Esomeprazole AN [EA]<br><sup>a</sup> Esomeprazole GxP [AF]<br><sup>a</sup> Esomeprazole Sandoz [SZ]<br><sup>a</sup> Nexole [QA] | <sup>a</sup> Esomeprazole Apotex [TX]<br><sup>a</sup> Esomeprazole RBX [RA]<br><sup>a</sup> Nexium [AP] |

## ■ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

### Restricted benefit

Phenylketonuria

**Note:** This product contains higher vitamin A levels than other PBS-listed glycomacropeptide products.

**glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g protein oral liquid, 30 x 250 mL cartons**

| 10332T    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|----------|----------|-----------------------------|
| <b>NP</b> | 4             | 5           | ..         | *1523.25 | 37.70    | PKU Glytactin RTD 15 [QH]   |

**glycomacropeptide and essential amino acids with vitamins and minerals containing 10 g protein oral liquid, 30 x 250 mL cartons**

| 10359F    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|----------|----------|-----------------------------|
| <b>NP</b> | 4             | 5           | ..         | *1042.29 | 37.70    | PKU Glytactin RTD 10 [QH]   |

▪ **IVABRADINE**

**Authority required (STREAMLINED)**

**4979**

Chronic heart failure

**Clinical criteria:**

Patient must be symptomatic with NYHA classes II or III, **AND**

Patient must be in sinus rhythm, **AND**

Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%, **AND**

Patient must have a resting heart rate at or above 77 bpm at the time ivabradine treatment is initiated, **AND**

Patient must receive concomitant optimal standard chronic heart failure treatment, which must include the maximum tolerated dose of a beta-blocker, unless contraindicated or not tolerated.

Resting heart rate should be measured by ECG or echocardiography, after 5 minutes rest.

The ECG or echocardiography, result must be documented in the patient's medical records when 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.

**ivabradine 5 mg tablet, 56**

| 10012Y    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | 5           | ..         | 55.58   | 37.70    | Coralan [SE]                |

**ivabradine 7.5 mg tablet, 56**

| 2960T     | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 1             | 5           | ..         | 55.58   | 37.70    | Coralan [SE]                |

▪ **LACOSAMIDE**

**Authority required (STREAMLINED)**

**4249**

Intractable partial epileptic seizures

Treatment Phase: Continuing

**Clinical criteria:**

Patient must have previously been treated with PBS-subsidised lacosamide.

**Population criteria:**

Patient must be aged 16 years or older.

**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.

**lacosamide 50 mg tablet, 14**

| 10293R    | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------|---------------|-------------|------------|---------|----------|-----------------------------|
| <b>NP</b> | 4             | 5           | ..         | *93.17  | 37.70    | Vimpat [UC]                 |

▪ **LAPATINIB**

**Authority required**

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

**Clinical criteria:**

Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, **AND**

The treatment must be in combination with capecitabine, **AND**

Patient must have received prior therapy with a taxane for at least 3 cycles; OR

Patient must have developed intolerance to treatment with a taxane of a severity necessitating permanent treatment withdrawal, **AND**

The condition must have progressed following treatment with pertuzumab and trastuzumab in combination, **AND**  
The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**  
Patient must not have received prior treatment with trastuzumab emtansine; OR  
Patient must have developed intolerance to trastuzumab emtansine of a severity necessitating permanent treatment withdrawal, **AND**  
The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.  
Authority applications for initial treatment must be made in writing and must include:  
(a) a completed authority prescription form; and  
(b) a completed Late stage metastatic breast cancer Initial PBS authority application form which includes:  
(i) a copy of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH) and tick a box to state the person has Stage IV disease;  
(ii) date of last treatment with a taxane and total number of cycles;  
(iii) a copy of the signed patient acknowledgement form;  
(iv) dates of treatment with trastuzumab and pertuzumab; and  
(v) date of demonstration of progression whilst on treatment with trastuzumab and pertuzumab.  
Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.  
Patients who have progressive disease on trastuzumab emtansine are not eligible to receive PBS-subsidised lapatinib.  
Patients who have developed intolerance to trastuzumab emtansine of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised lapatinib.  
If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application.

**Note:** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).  
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](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

#### **Authority required**

Metastatic (Stage IV) HER2 positive breast cancer  
Treatment Phase: Continuing treatment

#### **Clinical criteria:**

Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**  
The treatment must be in combination with capecitabine, **AND**  
Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**  
The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**  
The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.  
Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.  
A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.  
The treatment must not exceed a lifetime total of one continuous course.

**Note:** No applications for increased maximum quantities will be authorised.

**Note:** No applications for increased repeats will be authorised.

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

#### **lapatinib 250 mg tablet, 70**

| 9148L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
|       | 2             | 2           | ..         | *3387.97 | 37.70    | Tykerb [NV]                 |

#### **■ LATANOPROST**

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

#### **latanoprost 0.005% eye drops, 2.5 mL**

| 5552F                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                        | Brand Name and Manufacturer                                                                                         |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
|  | 1             | 5           | ..         | 25.46   | 26.63    | <sup>a</sup> APO-Latanoprost [TX]<br><sup>a</sup> Latanoprost Actavis [GN]<br><sup>a</sup> Latanoprost Pfizer [FZ] | <sup>a</sup> Chem mart Latanoprost [CH]<br><sup>a</sup> Latanoprost GH [GQ]<br><sup>a</sup> Latanoprost Sandoz [SZ] |

<sup>a</sup> Terry White Chemists  
Latanoprost [TW]  
<sup>a</sup> Xalatan [PF]

<sup>a</sup> Xalaprost [QA]

## ■ LATANOPROST + TIMOLOL

### **Restricted benefit**

Elevated intra-ocular pressure

### **Clinical criteria:**

The condition must have been inadequately controlled with monotherapy, **AND**

Patient must have open-angle glaucoma; OR

Patient must have ocular hypertension.

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

### latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

| 5553G                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                                                                                             | Brand Name and Manufacturer                              |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|  | ±1            | 5           | ..         | 40.38   | 37.70    | <sup>a</sup> APO-Latanoprost/Timolol 0.05/5 [TX]<br><sup>a</sup> Latanoprost/Timolol Sandoz 50/5 [SZ]<br><sup>a</sup> Xalamol 50/5 [QA] | <sup>a</sup> Latanocom [FZ]<br><sup>a</sup> Xalacom [PF] |

## ■ PILOCARPINE

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

### pilocarpine hydrochloride 1% eye drops, 15 mL

| 5536J                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | ±1            | 5           | ..         | 15.73   | 16.90    | Isopto Carpine [AQ]         |

### pilocarpine hydrochloride 2% eye drops, 15 mL

| 5537K                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | ±1            | 5           | ..         | 16.82   | 17.99    | Isopto Carpine [AQ]         |

### pilocarpine hydrochloride 4% eye drops, 15 mL

| 5538L                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | ±1            | 5           | ..         | 19.30   | 20.47    | Isopto Carpine [AQ]         |

## ■ RANIBIZUMAB

### **Authority required**

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

### **Clinical criteria:**

Patient must have visual impairment due to diabetic macular oedema, **AND**

Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**

The condition must be diagnosed by fluorescein angiography; OR

Patient must have a contraindication to fluorescein angiography, **AND**

The treatment must be as monotherapy; OR

The treatment must be in combination with laser photocoagulation, **AND**

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

### **Treatment criteria:**

Must be treated by an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

a) a completed authority prescription form;

b) a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form; and

c) a copy of the fluorescein angiogram or alternative method of diagnosis where applicable.

A telephone application must be made following submission by facsimile of a copy of a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form and a copy of the fluorescein angiogram report. The original documentation must be submitted to the Chief Executive Medicare by post after the application has been authorised.

Where a fluorescein angiogram cannot be performed due to a contraindication as listed in the TGA-approved product information, details of the contraindication must be provided. A copy of the report of an alternative method of diagnosis must be included in the application, for example optical coherence tomography or red free photography.

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

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Department of Human Services website at [www.humanservices.gov.au](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  
HOBART TAS 7001

**Note:** The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

---

**Authority required**

Diabetic macular oedema (DMO)  
Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**  
The treatment must be as monotherapy; **OR**  
The treatment must be in combination with laser photocoagulation, **AND**  
The treatment must be the sole PBS-subsidised therapy for this condition.

**Treatment criteria:**

Must be treated by an ophthalmologist.

---

**Note:** Authority applications for continuing treatment in the same eye may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

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

**Note:** Special Pricing Arrangements apply.

**Note:** Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

---

**ranibizumab 2.3 mg/0.23 mL injection, 1 x 0.23 mL vial**

| 10373Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 5           | ..         | 1380.36 | 37.70    | <sup>a</sup> Lucentis [NV]  |

---

**ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe**

| 10374B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 5           | ..         | 1380.36 | 37.70    | <sup>a</sup> Lucentis [NV]  |

---

▪ **RANIBIZUMAB**

**Authority required**

Subfoveal choroidal neovascularisation (CNV)  
Treatment Phase: Initial treatment

**Clinical criteria:**

The condition must be due to age-related macular degeneration (AMD), **AND**  
The condition must be diagnosed by fluorescein angiography, **AND**  
The treatment must be the sole PBS-subsidised therapy for this condition.

**Treatment criteria:**

Must be treated by an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

- a) a completed authority prescription form;
- b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and
- c) a copy of the fluorescein angiogram.

A telephone application must be made following submission by facsimile of a copy of a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form and a copy of the fluorescein angiogram. The original documentation must be submitted to the Chief Executive Medicare by post after the application has been authorised.

Where a fluorescein angiogram cannot be performed due to a contraindication as listed in the TGA-approved product information, details of the contraindication must be provided. A copy of the report of an alternative method of diagnosis must be included in the application, for example, optical coherence tomography (OCT) or red free photography.

---

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

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

---

**Authority required**

---

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

**Clinical criteria:**

The condition must be due to age-related macular degeneration (AMD), **AND**

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

Patient must have previously been granted an authority prescription for the same eye.

**Treatment criteria:**

Must be treated by an ophthalmologist.

**Authority required**

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

**Clinical criteria:**

Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**

Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**

The condition must be diagnosed by fluorescein angiography; OR

Patient must have a contraindication to fluorescein angiography, **AND**

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

**Treatment criteria:**

Must be treated by an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

- a) a completed authority prescription form;
- b) a completed Branched Retinal Vein Occlusion (BRVO) - PBS Supporting Information Form; and
- c) a copy of the fluorescein angiogram or alternative method of diagnosis where applicable.

A telephone application must be made following submission by facsimile of a copy of a completed Branched Retinal Vein Occlusion (BRVO) - PBS Supporting Information Form and a copy of the fluorescein angiogram report. The original documentation must be submitted to the Chief Executive Medicare by post after the application has been authorised.

Where a fluorescein angiogram cannot be performed due to a contraindication as listed in the TGA-approved product information, details of the contraindication must be provided. A copy of the report of an alternative method of diagnosis must be included in the application, for example optical coherence tomography or red free photography.

**Authority required**

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**

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

**Treatment criteria:**

Must be treated by an ophthalmologist.

**Authority required**

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

**Clinical criteria:**

Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**

Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**

The condition must be diagnosed by fluorescein angiography; OR

Patient must have a contraindication to fluorescein angiography, **AND**

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

**Treatment criteria:**

Must be treated by an ophthalmologist.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing or by telephone.

A written application must include:

- a) a completed authority prescription form;
- b) a completed Central Retinal Vein Occlusion (CRVO) - PBS Supporting Information Form; and
- c) a copy of the fluorescein angiogram or alternative method of diagnosis where applicable.

A telephone application must be made following submission by facsimile of a copy of a completed Central Retinal Vein Occlusion (CRVO) - PBS Supporting Information Form and a copy of the fluorescein angiogram report. The original documentation must be submitted to the Chief Executive Medicare by post after the application has been authorised.

Where a fluorescein angiogram cannot be performed due to a contraindication as listed in the TGA-approved product information, details of the contraindication must be provided. A copy of the report of an alternative method of diagnosis must be included in the application, for example optical coherence tomography or red free photography.

**Note:** Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at [www.humanservices.gov.au](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  
HOBART TAS 7001

**Note:** The first authority application may be faxed to the Department of Human Services on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The Department will then contact the prescriber by telephone.

**Authority required**

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

**Clinical criteria:**

Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**

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

**Treatment criteria:**

Must be treated by an ophthalmologist.

**Note:** Authority applications for continuing treatment in the same eye may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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

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

**Note:** Special Pricing Arrangements apply.

**Note:** Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

**ranibizumab 1.65 mg/0.165 mL injection, 1 x 0.165 mL syringe**

| 10138N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 2           | ..         | 1380.36 | 37.70    | <sup>a</sup> Lucentis [NV]  |

**ranibizumab 2.3 mg/0.23 mL injection, 1 x 0.23 mL vial**

| 1382R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | 2           | ..         | 1380.36 | 37.70    | <sup>a</sup> Lucentis [NV]  |

▪ **TAFLUPROST**

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

**tafluprost 0.0015% eye drops, 30 x 0.3 mL unit doses**

| 2748P                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | ±1            | 5           | ..         | 34.25   | 35.42    | Saflutan [MK]               |

▪ **TIMOLOL**

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

**timolol 0.1% eye gel, 5 g**

| 5546X                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | ±1            | 5           | ..         | 16.03   | 17.20    | Nyogel [AS]                 |

**timolol 0.5% (5 mg/mL) eye drops, 5 mL**

| 5548B                                                                               | Max.Qty Packs | No. of Rpts | Premium \$        | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|-------------------|---------|----------|-----------------------------|
|  | ±1            | 5           | ..                | 15.54   | 16.71    | <sup>a</sup> Tenopt [QA]    |
|                                                                                     |               |             | <sup>B</sup> 2.64 |         | 16.71    | <sup>a</sup> Timoptol [FR]  |

**timolol 0.25% (2.5 mg/mL) eye drops, 2.5 mL**

| 5549C                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | ±1            | 5           | ..         | 14.87   | 16.04    | Timoptol XE [MK]            |

**timolol 0.5% (5 mg/mL) eye drops, 2.5 mL**

| 5550D                                                                               | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
|  | ±1            | 5           | ..         | 15.54   | 16.71    | Timoptol XE [MK]            |

▪ **TIMOLOL + TRAVOPROST**

**Restricted benefit**

Elevated intra-ocular pressure

**Clinical criteria:**

The condition must have been inadequately controlled with monotherapy, **AND**  
Patient must have open-angle glaucoma; OR  
Patient must have ocular hypertension.

**Note:** For prescribing in accordance with Optometry Board of Australia guidelines.

**timolol 0.5% + travoprost 0.004% eye drops, 2.5 mL**

|                                                                                   |               |             |            |         |          |                             |
|-----------------------------------------------------------------------------------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5555J                                                                             | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|  | 1             | 5           | ..         | 46.10   | 37.70    | Duotrav [AQ]                |

# Highly Specialised Drugs Program (Private Hospital)

## ■ CLOZAPINE

### Authority required

Schizophrenia

Treatment Phase: Initial treatment

### Clinical criteria:

Patient must be non-responsive to other neuroleptic agents; OR

Patient must be intolerant of other neuroleptic agents.

### Treatment criteria:

Must be treated by a psychiatrist or in consultation with the psychiatrist affiliated with the hospital or specialised unit managing the patient.

Patients must complete at least 18 weeks of initial treatment under this restriction before being able to qualify for treatment under the continuing restriction.

The name of the consulting psychiatrist should be included in the patient's medical records.

A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.

**Note:** Patients receiving clozapine under the PBS listing must be registered in the clozapine patient monitoring program relevant for the brand of clozapine being prescribed and dispensed: Novartis Clozaril Patient Monitoring System (eCPMS) or Hospira Clopineconnect.

### clozapine 25 mg tablet, 100

| 6101D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer  | Brand Name and Manufacturer   |
|-------|---------------|-------------|------------|---------|------------------------------|-------------------------------|
|       | 2             | ..          | ..         | *75.57  | <sup>a</sup> Clopine 25 [HH] | <sup>a</sup> Clozaril 25 [NV] |

### clozapine 100 mg tablet, 100

| 6102E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer   | Brand Name and Manufacturer    |
|-------|---------------|-------------|------------|---------|-------------------------------|--------------------------------|
|       | 2             | ..          | ..         | *259.01 | <sup>a</sup> Clopine 100 [HH] | <sup>a</sup> Clozaril 100 [NV] |

### clozapine 50 mg tablet, 100

| 6417R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | ..          | ..         | *141.39 | Clopine 50 [HH]             |

### clozapine 200 mg tablet, 100

| 6418T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | ..          | ..         | *511.09 | Clopine 200 [HH]            |

### clozapine 50 mg/mL oral liquid, 100 mL

| 9632Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 147.33  | Clopine Suspension [HH]     |

## ■ GANCICLOVIR

### Authority required

Cytomegalovirus disease

Treatment Phase: Prophylaxis

### Clinical criteria:

Patient must be a bone marrow transplant recipient at risk of cytomegalovirus disease.

### Authority required

Cytomegalovirus disease

Treatment Phase: Prophylaxis

### Clinical criteria:

Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.

**ganciclovir 500 mg injection, 5 x 500 mg vials**

| 6136Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 1           | ..         | *589.33 | Cymevene [RO]               |

**■ INTERFERON ALFA-2A****Caution**

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

**Authority required**

Chronic Myeloid Leukaemia (CML)

**Clinical criteria:**

The condition must be Philadelphia chromosome positive.

**interferon alfa-2a 3 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

| 6210W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 30            | 5           | ..         | *936.63 | Roferon-A [RO]              |

**interferon alfa-2a 4.5 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

| 6211X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 30            | 5           | ..         | *1387.83 | Roferon-A [RO]              |

**interferon alfa-2a 6 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

| 6212Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 30            | 5           | ..         | *1834.23 | Roferon-A [RO]              |

**interferon alfa-2a 9 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

| 6213B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 30            | 5           | ..         | *2728.23 | Roferon-A [RO]              |

**■ INTERFERON ALFA-2B****Caution**

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

**Authority required**

Chronic Myeloid Leukaemia (CML)

**Clinical criteria:**

The condition must be Philadelphia chromosome positive.

**Authority required**

Malignant melanoma

**Clinical criteria:**

The treatment must be as adjunctive therapy to current standard care, **AND**

Patient must have undergone surgery, **AND**

The condition must include nodal involvement.

**interferon alfa-2b 18 million international units/3 mL injection, 1 x 3 mL vial**

| 6218G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 15            | 5           | ..         | *2728.08 | Intron A [MK]               |

**interferon alfa-2b 25 million international units/2.5 mL injection, 1 x 2.5 mL vial**

| 6219H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 15            | 5           | ..         | *3770.73 | Intron A [MK]               |

**interferon alfa-2b 10 million international units/mL injection, 5 x 1 mL vials**

| 6246R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 3             | 5           | ..         | *1536.42 | Intron A [MK]               |

**interferon alfa-2b 18 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

| 6253D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *378.71 | Intron A Redipen [MK]       |

**interferon alfa-2b 30 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

| 6254E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | 5           | ..         | *626.57 | Intron A Redipen [MK]       |

**interferon alfa-2b 60 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

| 6255F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *1238.53 | Intron A Redipen [MK]       |

**■ PEGINTERFERON ALFA-2A****Caution**

Treatment with peginterferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

**Authority required**

Chronic hepatitis C infection

**Clinical criteria:**

Patient must have compensated liver disease, **AND**

Patient must not have received prior interferon alfa or peginterferon alfa treatment for hepatitis C, **AND**

Patient must have a contraindication to ribavirin, **AND**

The treatment must cease unless the results of an HCV RNA quantitative assay at week 12 (performed at the same laboratory using the same test) show that plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop, **AND**

The treatment must be limited to a maximum duration of 48 weeks.

**Population criteria:**

Patient must be aged 18 years or older, **AND**

Patient must not be pregnant or breastfeeding, and must be using an effective form of contraception if female and of child-bearing age.

**Treatment criteria:**

Must be treated in an accredited treatment centre.

Evidence of chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive) must be documented in the patient's medical records.

**Note:** Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24-hour access by patients to medical advice; and
- (c) an established liver clinic.

**peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

| 6439X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2378.73 | Pegasys [RO]                |

**peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

| 6449K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *2747.39 | Pegasys [RO]                |

**■ VALGANCICLOVIR****Authority required**

Cytomegalovirus infection and disease

Treatment Phase: Prophylaxis

**Clinical criteria:**

Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.

**valganciclovir 450 mg tablet, 60**

| 6357N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|-----------------------------|
|       | 2             | 5           | ..         | *4538.53 | Valcyte [RO]                |

**valganciclovir 50 mg/mL oral liquid: powder for, 100 mL**

| 9675F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|-----------|-----------------------------|
|       | 11            | 5           | ..         | *#4624.39 | Valcyte [RO]                |

# Highly Specialised Drugs Program (Public Hospital)

## ■ CLOZAPINE

### Authority required (STREAMLINED)

**5015**

Schizophrenia

Treatment Phase: Initial treatment

### **Clinical criteria:**

Patient must be non-responsive to other neuroleptic agents; OR

Patient must be intolerant of other neuroleptic agents.

### **Treatment criteria:**

Must be treated by a psychiatrist or in consultation with the psychiatrist affiliated with the hospital or specialised unit managing the patient.

Patients must complete at least 18 weeks of initial treatment under this restriction before being able to qualify for treatment under the continuing restriction.

The name of the consulting psychiatrist should be included in the patient's medical records.

A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.

**Note:** Patients receiving clozapine under the PBS listing must be registered in the clozapine patient monitoring program relevant for the brand of clozapine being prescribed and dispensed: Novartis Clozaril Patient Monitoring System (eCPMS) or Hospira Clopineconnect.

### clozapine 50 mg tablet, 100

| 5626D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | ..          | ..         | *129.28 | Clopine 50 [HH]             |

### clozapine 200 mg tablet, 100

| 5627E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 2             | ..          | ..         | *484.76 | Clopine 200 [HH]            |

### clozapine 25 mg tablet, 100

| 5628F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer  | Brand Name and Manufacturer   |
|-------|---------------|-------------|------------|---------|------------------------------|-------------------------------|
|       | 2             | ..          | ..         | *64.64  | <sup>a</sup> Clopine 25 [HH] | <sup>a</sup> Clozaril 25 [NV] |

### clozapine 100 mg tablet, 100

| 5629G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer   | Brand Name and Manufacturer    |
|-------|---------------|-------------|------------|---------|-------------------------------|--------------------------------|
|       | 2             | ..          | ..         | *242.38 | <sup>a</sup> Clopine 100 [HH] | <sup>a</sup> Clozaril 100 [NV] |

### clozapine 50 mg/mL oral liquid, 100 mL

| 5630H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|-----------------------------|
|       | 1             | ..          | ..         | 135.00  | Clopine Suspension [HH]     |

## ■ GANCICLOVIR

### Authority required (STREAMLINED)

**4972**

Cytomegalovirus disease

Treatment Phase: Prophylaxis

### **Clinical criteria:**

Patient must be a bone marrow transplant recipient at risk of cytomegalovirus disease.

### Authority required (STREAMLINED)

**4999**

Cytomegalovirus disease

Treatment Phase: Prophylaxis

### **Clinical criteria:**

Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.

#### **ganciclovir 500 mg injection, 5 x 500 mg vials**

|       |               |             |            |         |                             |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5749N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|       | 2             | 1           | ..         | *560.00 | Cymevene [RO]               |

#### ▪ **INTERFERON ALFA-2A**

##### **Caution**

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

##### **Authority required (STREAMLINED)**

**5042**

Chronic Myeloid Leukaemia (CML)

##### **Clinical criteria:**

The condition must be Philadelphia chromosome positive.

#### **interferon alfa-2a 3 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

|       |               |             |            |         |                             |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5759D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|       | 30            | 5           | ..         | *894.00 | Roferon-A [RO]              |

#### **interferon alfa-2a 4.5 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5760E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 30            | 5           | ..         | *1341.00 | Roferon-A [RO]              |

#### **interferon alfa-2a 6 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5761F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 30            | 5           | ..         | *1787.40 | Roferon-A [RO]              |

#### **interferon alfa-2a 9 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5762G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 30            | 5           | ..         | *2681.40 | Roferon-A [RO]              |

#### ▪ **INTERFERON ALFA-2B**

##### **Caution**

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

##### **Authority required (STREAMLINED)**

**5042**

Chronic Myeloid Leukaemia (CML)

##### **Clinical criteria:**

The condition must be Philadelphia chromosome positive.

##### **Authority required (STREAMLINED)**

**4974**

Malignant melanoma

##### **Clinical criteria:**

The treatment must be as adjunctive therapy to current standard care, **AND**

Patient must have undergone surgery, **AND**

The condition must include nodal involvement.

#### **interferon alfa-2b 18 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

|       |               |             |            |         |                             |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5763H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|       | 2             | 5           | ..         | *357.48 | Intron A Redipen [MK]       |

#### **interferon alfa-2b 30 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

|       |               |             |            |         |                             |
|-------|---------------|-------------|------------|---------|-----------------------------|
| 5764J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | Brand Name and Manufacturer |
|       | 2             | 5           | ..         | *595.80 | Intron A Redipen [MK]       |

#### **interferon alfa-2b 60 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5765K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 2             | 5           | ..         | *1191.60 | Intron A Redipen [MK]       |

#### **interferon alfa-2b 18 million international units/3 mL injection, 1 x 3 mL vial**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5766L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 15            | 5           | ..         | *2681.10 | Intron A [MK]               |

---

**interferon alfa-2b 25 million international units/2.5 mL injection, 1 x 2.5 mL vial**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5767M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 15            | 5           | ..         | *3723.75 | Intron A [MK]               |

**interferon alfa-2b 10 million international units/mL injection, 5 x 1 mL vials**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 5768N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 3             | 5           | ..         | *1489.50 | Intron A [MK]               |

**▪ PEGINTERFERON ALFA-2A****Caution**

Treatment with peginterferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

**Authority required (STREAMLINED)****5004**

Chronic hepatitis C infection

**Clinical criteria:**

Patient must have compensated liver disease, **AND**

Patient must not have received prior interferon alfa or peginterferon alfa treatment for hepatitis C, **AND**

Patient must have a contraindication to ribavirin, **AND**

The treatment must cease unless the results of an HCV RNA quantitative assay at week 12 (performed at the same laboratory using the same test) show that plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop, **AND**

The treatment must be limited to a maximum duration of 48 weeks.

**Population criteria:**

Patient must be aged 18 years or older, **AND**

Patient must not be pregnant or breastfeeding, and must be using an effective form of contraception if female and of child-bearing age.

**Treatment criteria:**

Must be treated in an accredited treatment centre.

Evidence of chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive) must be documented in the patient's medical records.

**Note:** Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24-hour access by patients to medical advice; and
- (c) an established liver clinic.

---

**peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9515T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 2             | 5           | ..         | *2331.80 | Pegasys [RO]                |

**peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9516W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 2             | 5           | ..         | *2700.46 | Pegasys [RO]                |

**▪ VALGANCICLOVIR****Authority required (STREAMLINED)****4989**

Cytomegalovirus infection and disease

Treatment Phase: Prophylaxis

**Clinical criteria:**

Patient must be a solid organ transplant recipient at risk of cytomegalovirus disease.

**valganciclovir 450 mg tablet, 60**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9569P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 2             | 5           | ..         | *4491.60 | Valcyte [RO]                |

**valganciclovir 50 mg/mL oral liquid: powder for, 100 mL**

|       |               |             |            |          |                             |
|-------|---------------|-------------|------------|----------|-----------------------------|
| 9655E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | Brand Name and Manufacturer |
|       | 11            | 5           | ..         | *4574.79 | Valcyte [RO]                |

# Highly Specialised Drugs Program (Community Access)

## ▪ ABACAVIR

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

#### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

### **abacavir 300 mg tablet, 60**

| 10294T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *593.49 | 37.70    | Ziagen [VI]                 |

### **abacavir 20 mg/mL oral liquid, 240 mL**

| 10356C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 8             | 5           | ..         | *690.37 | 37.70    | Ziagen [VI]                 |

## ▪ ABACAVIR + LAMIVUDINE

### Authority required (STREAMLINED)

**4527**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

#### **Population criteria:**

Patient must be aged 12 years or older, **AND**

Patient must weigh 40 kg or more.

### Authority required (STREAMLINED)

**4528**

HIV infection

Treatment Phase: Continuing

#### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

#### **Population criteria:**

Patient must be aged 12 years or older, **AND**

Patient must weigh 40 kg or more.

### **abacavir 600 mg + lamivudine 300 mg tablet, 30**

| 10357D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *912.43 | 37.70    | Kivexa [VI]                 |

## ▪ ABACAVIR + LAMIVUDINE + ZIDOVUDINE

### Authority required (STREAMLINED)

**4495**

HIV infection

Treatment Phase: Initial

### **Clinical criteria:**

Patient must be antiretroviral treatment naive.

### **Population criteria:**

Patient must be aged 12 years or older, **AND**

Patient must weigh 40 kg or more.

### Authority required (STREAMLINED)

**4480**

HIV infection

Treatment Phase: Continuing

### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection.

### **Population criteria:**

Patient must be aged 12 years or older, **AND**

Patient must weigh 40 kg or more.

## **abacavir 300 mg + lamivudine 150 mg + zidovudine 300 mg tablet, 60**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10305J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1404.21 | 37.70    | Trizivir [VI]               |

## ▪ ADEFOVIR DIPIVOXIL

### Authority required (STREAMLINED)

**4490**

Chronic hepatitis B infection

### **Clinical criteria:**

Patient must not have cirrhosis, **AND**

Patient must have failed antihepadnaviral therapy, **AND**

Patient must have repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration, in conjunction with documented chronic hepatitis B infection; OR

Patient must have repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months whilst on previous antihepadnaviral therapy, except in patients with evidence of poor compliance.

### Authority required (STREAMLINED)

**4510**

Chronic hepatitis B infection

### **Clinical criteria:**

Patient must have cirrhosis, **AND**

Patient must have failed antihepadnaviral therapy, **AND**

Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**Note:** Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

## **adefovir dipivoxil 10 mg tablet, 30**

|        |               |             |            |          |          |                                |                             |
|--------|---------------|-------------|------------|----------|----------|--------------------------------|-----------------------------|
| 10290N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer    | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1096.93 | 37.70    | <sup>a</sup> APO-Adefovir [TX] | <sup>a</sup> Hepsera [GI]   |

## ▪ ATAZANAVIR

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

### **Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

#### atazanavir 150 mg capsule, 60

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10276W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1090.75 | 37.70    | Reyataz [BQ]                |

#### atazanavir 300 mg capsule, 30

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10321F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1090.75 | 37.70    | Reyataz [BQ]                |

#### atazanavir 200 mg capsule, 60

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10349Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1438.69 | 37.70    | Reyataz [BQ]                |

### ■ CLOZAPINE

#### Authority required (STREAMLINED)

**4998**

Schizophrenia

Treatment Phase: Continuing treatment

#### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy with this drug for this condition, **AND**

Patient must have completed at least 18 weeks therapy, **AND**

Patient must be on a clozapine dosage considered stable by a treating psychiatrist, **AND**

The treatment must be under the supervision and direction of a psychiatrist reviewing the patient at regular intervals.

#### **Treatment criteria:**

Must be treated by a psychiatrist; OR

Must be treated by an authorised medical practitioner, with the agreement of the treating psychiatrist.

A medical practitioner should request a quantity sufficient for up to one month's supply. Up to 5 repeats will be authorised.

**Note:** Patients receiving clozapine under the PBS listing must be registered in the clozapine patient monitoring program relevant for the brand of clozapine being prescribed and dispensed: Novartis Clozaril Patient Monitoring System (eCPMS) or Hospira Clopineconnect.

#### clozapine 200 mg tablet, 100

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10288L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | ..          | ..         | *511.09 | 37.70    | Clopine 200 [HH]            |

#### clozapine 25 mg tablet, 100

|        |               |             |            |         |          |                              |                               |
|--------|---------------|-------------|------------|---------|----------|------------------------------|-------------------------------|
| 10289M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer  | Brand Name and Manufacturer   |
|        | 2             | ..          | ..         | *75.57  | 37.70    | <sup>a</sup> Clopine 25 [HH] | <sup>a</sup> Clozaril 25 [NV] |

#### clozapine 50 mg tablet, 100

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10302F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | ..          | ..         | *141.39 | 37.70    | Clopine 50 [HH]             |

#### clozapine 50 mg/mL oral liquid, 100 mL

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10341G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 1             | ..          | ..         | 147.33  | 37.70    | Clopine Suspension [HH]     |

#### clozapine 100 mg tablet, 100

|        |               |             |            |         |          |                               |                                |
|--------|---------------|-------------|------------|---------|----------|-------------------------------|--------------------------------|
| 10358E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer   | Brand Name and Manufacturer    |
|        | 2             | ..          | ..         | *259.01 | 37.70    | <sup>a</sup> Clopine 100 [HH] | <sup>a</sup> Clozaril 100 [NV] |

### ■ DARUNAVIR

#### Authority required (STREAMLINED)

**4313**

Human immunodeficiency virus (HIV) infection

#### **Clinical criteria:**

The treatment must be in addition to optimised background therapy, **AND**

The treatment must be in combination with other antiretroviral agents, **AND**

The treatment must be co-administered with 100 mg ritonavir, **AND**

Patient must have experienced virological failure or clinical failure or genotypic resistance after at least one antiretroviral regimen, **AND**

Patient must not have demonstrated darunavir resistance associated mutations detected on resistance testing.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

**darunavir 150 mg tablet, 240**

| 10287K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 1             | 5           | ..         | 1095.64 | 37.70    | Prezista [JC]               |

**darunavir 600 mg tablet, 60**

| 10329P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *2144.35 | 37.70    | Prezista [JC]               |

**darunavir 800 mg tablet, 30**

| 10367P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *1445.21 | 37.70    | Prezista [JC]               |

**■ DIDANOSINE****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**didanosine 400 mg capsule: enteric, 30**

| 10313T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *686.65 | 37.70    | Videx EC [BQ]               |

**didanosine 125 mg capsule: enteric, 30**

| 10350R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *299.03 | 37.70    | Videx EC [BQ]               |

**didanosine 200 mg capsule: enteric, 30**

| 10351T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *346.81 | 37.70    | Videx EC [BQ]               |

**didanosine 250 mg capsule: enteric, 30**

| 10364L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *431.75 | 37.70    | Videx EC [BQ]               |

**■ DOLUTEGRAVIR****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**dolutegravir 50 mg tablet, 30**

| 10283F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *1378.03 | 37.70    | Tivicay [VI]                |

## ▪ DOLUTEGRAVIR + ABACAVIR + LAMIVUDINE

### Authority required (STREAMLINED)

**4495**

HIV infection

Treatment Phase: Initial

### **Clinical criteria:**

Patient must be antiretroviral treatment naive.

### **Population criteria:**

Patient must be aged 12 years or older, **AND**

Patient must weigh 40 kg or more.

### Authority required (STREAMLINED)

**4480**

HIV infection

Treatment Phase: Continuing

### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection.

### **Population criteria:**

Patient must be aged 12 years or older, **AND**

Patient must weigh 40 kg or more.

## **dolutegravir 50 mg + abacavir 600 mg + lamivudine 300 mg tablet, 30**

| 10345L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *2120.29 | 37.70    | Triumeq [VI]                |

## ▪ EFAVIRENZ

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

### **Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

## **efavirenz 30 mg/mL oral liquid, 180 mL**

| 10275T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 7             | 5           | ..         | *600.04 | 37.70    | Stocrin [MK]                |

## **efavirenz 200 mg tablet, 90**

| 10336B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *571.81 | 37.70    | Stocrin [MK]                |

## **efavirenz 600 mg tablet, 30**

| 10366N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *571.81 | 37.70    | Stocrin [MK]                |

## ▪ EMTRICITABINE

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

### **Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**emtricitabine 200 mg capsule, 30**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10274R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *593.49 | 37.70    | Emtriva [GI]                |

▪ **EMTRICITABINE + RILPIVIRINE + TENOFOVIR**

**Authority required (STREAMLINED)**

**4522**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

Patient must be antiretroviral treatment naive.

**Authority required (STREAMLINED)**

**4470**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection.

**emtricitabine 200 mg + rilpivirine 25 mg + tenofovir disoproxil fumarate 300 mg tablet, 30**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10314W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *2120.29 | 37.70    | Eviplera [GI]               |

▪ **ENFUVIRTIDE**

**Authority required (STREAMLINED)**

**5014**

HIV infection

**Clinical criteria:**

The treatment must be in addition to optimised background therapy, **AND**

The treatment must be in combination with other antiretroviral agents, **AND**

Patient must be antiretroviral experienced, **AND**

Patient must have experienced virological failure or clinical failure or genotypic resistance after each of at least 3 different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

**enfuvirtide 90 mg injection [60 x 90 mg vials] (&) inert substance diluent [60 x 1.1 mL vials], 1 pack**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10365M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *4472.93 | 37.70    | Fuzeon [RO]                 |

▪ **ENTECAVIR**

**Authority required (STREAMLINED)**

**4993**

Chronic hepatitis B infection

**Clinical criteria:**

Patient must not have cirrhosis, **AND**

Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR

Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**

Patient must have evidence of chronic liver injury determined by confirmed elevated serum ALT or liver biopsy.

**Authority required (STREAMLINED)**

**5036**

Chronic hepatitis B infection

**Clinical criteria:**

Patient must have cirrhosis, **AND**

Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**entecavir monohydrate 500 microgram tablet, 30**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10279B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *806.27 | 37.70    | Baraclude [BQ]              |

## ■ ENTECAVIR

### Authority required (STREAMLINED)

**5044**

Chronic hepatitis B infection

#### **Clinical criteria:**

Patient must not have cirrhosis, **AND**

Patient must have failed lamivudine, **AND**

Patient must have repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration, in conjunction with documented chronic hepatitis B infection; OR

Patient must have repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months whilst on previous antihepadnaviral therapy, except in patients with evidence of poor compliance.

### Authority required (STREAMLINED)

**5037**

Chronic hepatitis B infection

#### **Clinical criteria:**

Patient must have cirrhosis, **AND**

Patient must have failed lamivudine, **AND**

Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**Note:** PBS-subsidised entecavir monohydrate must be used as monotherapy.

### **entecavir monohydrate 1 mg tablet, 30**

| 10353X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *1296.93 | 37.70    | Baraclude [BQ]              |

## ■ ETRAVIRINE

### Authority required (STREAMLINED)

**5014**

HIV infection

#### **Clinical criteria:**

The treatment must be in addition to optimised background therapy, **AND**

The treatment must be in combination with other antiretroviral agents, **AND**

Patient must be antiretroviral experienced, **AND**

Patient must have experienced virological failure or clinical failure or genotypic resistance after each of at least 3 different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

### **etravirine 200 mg tablet, 60**

| 10301E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *1279.93 | 37.70    | Intence [JC]                |

## ■ FOSAMPRENAVIR

### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

#### **Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

#### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

### **fosamprenavir 700 mg tablet, 60**

| 10337C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *795.59 | 37.70    | Telzir [VI]                 |

**fosamprenavir 50 mg/mL oral liquid, 225 mL**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10368Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 8             | 5           | ..         | *851.89 | 37.70    | Telzir [VI]                 |

**■ FOSCARNET****Authority required (STREAMLINED)****4980**

Cytomegalovirus retinitis

**Clinical criteria:**

Patient must have HIV infection.

**Authority required (STREAMLINED)****4973**

Herpes simplex virus infection

**Clinical criteria:**The condition must be aciclovir resistant, **AND**

Patient must have HIV infection.

**FOSCARNET SODIUM I.V. infusion 24 mg per mL, 250 mL bottle, 6**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10352W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 1             | 1           | ..         | 1224.43 | 37.70    | Foscavir [IX]               |

**■ GANCICLOVIR****Authority required (STREAMLINED)****5000**

Cytomegalovirus retinitis

**Clinical criteria:**

Patient must be severely immunocompromised, including due to HIV infection.

**ganciclovir 500 mg injection, 5 x 500 mg vials**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10328N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 1           | ..         | *589.33 | 37.70    | Cymevene [RO]               |

**■ INDINAVIR****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**indinavir 400 mg capsule, 180**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10363K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *953.33 | 37.70    | Crixivan 400 mg [MK]        |

**■ INTERFERON ALFA-2A****Authority required (STREAMLINED)****4993**

Chronic hepatitis B infection

**Clinical criteria:**Patient must not have cirrhosis, **AND**

Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR

Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**

Patient must have evidence of chronic liver injury determined by confirmed elevated serum ALT or liver biopsy.

**Authority required (STREAMLINED)****5036**

Chronic hepatitis B infection

**Clinical criteria:**

Patient must have cirrhosis, **AND**

Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**interferon alfa-2a 3 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

| 10317B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 30            | 5           | ..         | *936.63 | 37.70    | Roferon-A [RO]              |

**interferon alfa-2a 6 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

| 10354Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 30            | 5           | ..         | *1834.23 | 37.70    | Roferon-A [RO]              |

**interferon alfa-2a 9 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

| 10369R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 30            | 5           | ..         | *2728.23 | 37.70    | Roferon-A [RO]              |

**interferon alfa-2a 4.5 million international units/0.5 mL injection, 1 x 0.5 mL syringe**

| 10371W | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 30            | 5           | ..         | *1387.83 | 37.70    | Roferon-A [RO]              |

**■ INTERFERON ALFA-2B****Authority required (STREAMLINED)****4993**

Chronic hepatitis B infection

**Clinical criteria:**

Patient must not have cirrhosis, **AND**

Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR

Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**

Patient must have evidence of chronic liver injury determined by confirmed elevated serum ALT or liver biopsy.

**Authority required (STREAMLINED)****5036**

Chronic hepatitis B infection

**Clinical criteria:**

Patient must have cirrhosis, **AND**

Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**interferon alfa-2b 18 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

| 10291P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *378.71 | 37.70    | Intron A Redipen [MK]       |

**interferon alfa-2b 60 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

| 10292Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *1238.53 | 37.70    | Intron A Redipen [MK]       |

**interferon alfa-2b 30 million international units/1.2 mL injection, 1 x 1.2 mL cartridge**

| 10316Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *626.57 | 37.70    | Intron A Redipen [MK]       |

**interferon alfa-2b 25 million international units/2.5 mL injection, 1 x 2.5 mL vial**

| 10339E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 15            | 5           | ..         | *3770.73 | 37.70    | Intron A [MK]               |

**interferon alfa-2b 18 million international units/3 mL injection, 1 x 3 mL vial**

| 10340F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 15            | 5           | ..         | *2728.08 | 37.70    | Intron A [MK]               |

**interferon alfa-2b 10 million international units/mL injection, 5 x 1 mL vials**

| 10370T | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |  |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|--|
|        | 3             | 5           | ..         | *1536.42 | 37.70    | Intron A [MK]               |  |

**■ LAMIVUDINE****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**lamivudine 300 mg tablet, 30**

| 10311Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                               |                                         |
|--------|---------------|-------------|------------|---------|----------|-----------------------------------------------------------|-----------------------------------------|
|        | 2             | 5           | ..         | *325.87 | 37.70    | <sup>a</sup> 3TC [VI]<br><sup>a</sup> Lamivudine RBX [RA] | <sup>a</sup> Lamivudine Alphapharm [AF] |

**lamivudine 10 mg/mL oral liquid, 240 mL**

| 10320E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |  |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|--|
|        | 8             | 5           | ..         | *472.69 | 37.70    | 3TC [VI]                    |  |

**lamivudine 150 mg tablet, 60**

| 10348P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                               |                                         |
|--------|---------------|-------------|------------|---------|----------|-----------------------------------------------------------|-----------------------------------------|
|        | 2             | 5           | ..         | *325.87 | 37.70    | <sup>a</sup> 3TC [VI]<br><sup>a</sup> Lamivudine RBX [RA] | <sup>a</sup> Lamivudine Alphapharm [AF] |

**■ LAMIVUDINE****Authority required (STREAMLINED)****4993**

Chronic hepatitis B infection

**Clinical criteria:**Patient must not have cirrhosis, **AND**

Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR

Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**

Patient must have evidence of chronic liver injury determined by confirmed elevated serum ALT or liver biopsy.

**Authority required (STREAMLINED)****5036**

Chronic hepatitis B infection

**Clinical criteria:**Patient must have cirrhosis, **AND**

Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**lamivudine 100 mg tablet, 28**

| 10315X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |                          |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|--------------------------|
|        | 2             | 5           | ..         | *175.87 | 37.70    | <sup>a</sup> Zeffix [AS]    | <sup>a</sup> Zetlam [AF] |

**lamivudine 5 mg/mL oral liquid, 240 mL**

| 10338D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |  |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|--|
|        | 5             | 5           | ..         | *242.23 | 37.70    | Zeffix [AS]                 |  |

**■ LAMIVUDINE + ZIDOVUDINE****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**lamivudine 150 mg + zidovudine 300 mg tablet, 60**

|        |               |             |            |         |          |                             |                                                                    |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|--------------------------------------------------------------------|
| 10284G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer | Brand Name and Manufacturer                                        |
|        | 2             | 5           | ..         | *825.89 | 37.70    | <sup>a</sup> Combivir [VI]  | <sup>a</sup> Lamivudine 150 mg + Zidovudine 300 mg Alphapharm [AF] |

▪ **LOPINAVIR + RITONAVIR**

**Authority required (STREAMLINED)**

**4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**lopinavir 200 mg + ritonavir 50 mg tablet, 120**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10272P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1416.93 | 37.70    | Kaletra [VE]                |

**lopinavir 100 mg + ritonavir 25 mg tablet, 60**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10285H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *363.13 | 37.70    | Kaletra [VE]                |

**lopinavir 400 mg/5 mL + ritonavir 100 mg/5 mL oral liquid, 60 mL**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10327M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 10            | 5           | ..         | *1336.93 | 37.70    | Kaletra [VE]                |

▪ **MARAVIROC**

**Authority required (STREAMLINED)**

**5008**

HIV infection

**Clinical criteria:**

Patient must be infected with CCR5-tropic HIV-1, **AND**

The treatment must be in addition to optimised background therapy, **AND**

The treatment must be in combination with other antiretroviral agents, **AND**

Patient must have experienced virological failure or clinical failure or genotypic resistance after each of at least 3 different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

A tropism assay to determine CCR5 only strain status must be performed prior to initiation. Individuals with CXCR4 tropism demonstrated at any time point are not eligible.

**maraviroc 150 mg tablet, 60**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10318C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1882.33 | 37.70    | Celsentri [VI]              |

**maraviroc 300 mg tablet, 60**

| 10355B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *1882.33 | 37.70    | Celsentri [VI]              |

**■ NEVIRAPINE****Authority required (STREAMLINED)****4526**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must have been stabilised on nevirapine immediate release, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**nevirapine 400 mg tablet: modified release, 30 tablets**

| 10303G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *418.95 | 37.70    | Viramune XR [BY]            |

**■ NEVIRAPINE****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**nevirapine 200 mg tablet, 60**

| 10304H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer                                   | Brand Name and Manufacturer                                           |
|--------|---------------|-------------|------------|---------|----------|---------------------------------------------------------------|-----------------------------------------------------------------------|
|        | 2             | 5           | ..         | *418.95 | 37.70    | <sup>a</sup> Nevipin [GN]<br><sup>a</sup> Nevirapine RBX [RA] | <sup>a</sup> Nevirapine Alphapharm [AF]<br><sup>a</sup> Viramune [BY] |

**nevirapine 10 mg/mL oral liquid, 240 mL**

| 10319D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 10            | 5           | ..         | *1396.93 | 37.70    | Viramune [BY]               |

**■ PEGINTERFERON ALFA-2A****Caution**

Treatment with peginterferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

**Authority required (STREAMLINED)****5010**

Chronic hepatitis B infection

**Clinical criteria:**Patient must not have cirrhosis, **AND**Patient must not have previously received peginterferon alfa therapy for the treatment of hepatitis B, **AND**

Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR

Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**Patient must have evidence of chronic liver injury determined by confirmed elevated serum ALT or liver biopsy, **AND**

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

**Authority required (STREAMLINED)****5067**

Chronic hepatitis B infection

**Clinical criteria:**Patient must have cirrhosis, **AND**Patient must have detectable HBV DNA, **AND**The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

The treatment must be limited to 1 course of treatment for a maximum duration of 48 weeks.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10278Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *2747.39 | 37.70    | Pegasys [RO]                |

**peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10280C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *2378.73 | 37.70    | Pegasys [RO]                |

**▪ RALTEGRAVIR****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**raltegravir 400 mg tablet, 60**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10286J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1378.03 | 37.70    | Isentress [MK]              |

**▪ RALTEGRAVIR****Authority required (STREAMLINED)****4275**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**The treatment must be in combination with other antiretroviral agents, **AND**Patient must be antiretroviral experienced with at least 6 months therapy with 2 alternate classes of anti-retroviral therapy, **AND**

Patient must have a CD4 count of less than 500 per cubic millimetre; OR

Patient must have symptomatic HIV disease.

**Population criteria:**

Patient must be aged 2 years or older.

**Authority required (STREAMLINED)****4274**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**The treatment must be in combination with other antiretroviral agents, **AND**Patient must be antiretroviral experienced with at least 6 months therapy with 2 alternate classes of anti-retroviral therapy, **AND**

Patient must have previously received PBS-subsidised therapy for HIV infection.

**Population criteria:**

Patient must be aged 2 years or older.

---

**raltegravir 25 mg tablet: chewable, 60**

| 10299C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 6             | 5           | ..         | *533.49 | 37.70    | Isentress [MK]              |

**raltegravir 100 mg tablet: chewable, 60**

| 10326L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 6             | 5           | ..         | *2071.95 | 37.70    | Isentress [MK]              |

**▪ RILPIVIRINE****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**rilpivirine 25 mg tablet, 30**

| 10298B | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 2             | 5           | ..         | *571.81 | 37.70    | Edurant [JC]                |

**▪ RITONAVIR****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**ritonavir 100 mg tablet, 30**

| 10273Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 24            | 5           | ..         | *1029.09 | 37.70    | Norvir [VE]                 |

**ritonavir 600 mg/7.5 mL oral liquid, 90 mL**

| 10300D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
|        | 10            | 5           | ..         | *953.33 | 37.70    | Norvir [VE]                 |

**▪ SAQUINAVIR****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**  
The treatment must be in combination with other antiretroviral agents.

#### saquinavir 500 mg tablet, 120

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10335Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1058.05 | 37.70    | Invirase [RO]               |

#### ▪ STAVUDINE

##### Authority required (STREAMLINED)

**4512**

HIV infection

Treatment Phase: Initial

##### **Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

##### Authority required (STREAMLINED)

**4454**

HIV infection

Treatment Phase: Continuing

##### **Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

#### stavudine 30 mg capsule, 60

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10271N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *700.99 | 37.70    | Zerit [BQ]                  |

#### stavudine 40 mg capsule, 60

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10312R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *932.33 | 37.70    | Zerit [BQ]                  |

#### stavudine 20 mg capsule, 60

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10325K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *589.33 | 37.70    | Zerit [BQ]                  |

#### ▪ TELBIVUDINE

##### Authority required (STREAMLINED)

**4994**

Chronic hepatitis B infection

##### **Clinical criteria:**

Patient must have cirrhosis, **AND**

Patient must be nucleoside analogue naive, **AND**

Patient must have detectable HBV DNA, **AND**

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

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

##### Authority required (STREAMLINED)

**4995**

Chronic hepatitis B infection

##### **Clinical criteria:**

Patient must not have cirrhosis, **AND**

Patient must be nucleoside analogue naive, **AND**

Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR

Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**

Patient must have evidence of chronic liver injury determined by: (i) confirmed elevated serum ALT; or (ii) liver biopsy, **AND**

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

#### telbivudine 600 mg tablet, 28

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10372X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *528.77 | 37.70    | Sebivo [NV]                 |

#### ▪ TENOFOVIR

##### Authority required (STREAMLINED)

**4512**

HIV infection  
Treatment Phase: Initial

**Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

HIV infection  
Treatment Phase: Continuing

**Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4476**

Chronic hepatitis B infection

**Clinical criteria:**

Patient must have cirrhosis, **AND**

Patient must be nucleoside analogue naive, **AND**

Patient must have detectable HBV DNA, **AND**

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

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**Authority required (STREAMLINED)**

**4489**

Chronic hepatitis B infection

**Clinical criteria:**

Patient must not have cirrhosis, **AND**

Patient must be nucleoside analogue naive, **AND**

Patient must have elevated HBV DNA levels greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, in conjunction with documented hepatitis B infection; OR

Patient must have elevated HBV DNA levels greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative, in conjunction with documented hepatitis B infection, **AND**

Patient must have evidence of chronic liver injury determined by: (i) confirmed elevated serum ALT; or (ii) liver biopsy, **AND**

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

**Authority required (STREAMLINED)**

**4510**

Chronic hepatitis B infection

**Clinical criteria:**

Patient must have cirrhosis, **AND**

Patient must have failed antihepadnaviral therapy, **AND**

Patient must have detectable HBV DNA.

Patients with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

**Authority required (STREAMLINED)**

**4490**

Chronic hepatitis B infection

**Clinical criteria:**

Patient must not have cirrhosis, **AND**

Patient must have failed antihepadnaviral therapy, **AND**

Patient must have repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration, in conjunction with documented chronic hepatitis B infection; OR

Patient must have repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months whilst on previous antihepadnaviral therapy, except in patients with evidence of poor compliance.

**Note:** Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

**tenofovir disoproxil fumarate 300 mg tablet, 30**

| 10310P | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
|        | 2             | 5           | ..         | *1011.77 | 37.70    | Viread [GI]                 |

▪ **TENOFOVIR + EMTRICITABINE**

**Authority required (STREAMLINED)**

**4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)**

**4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10347N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *1577.13 | 37.70    | Truvada [GI]                |

▪ **TENOFOVIR + EMTRICITABINE + EFAVIRENZ**

**Authority required (STREAMLINED)**

**4522**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

Patient must be antiretroviral treatment naive.

**Authority required (STREAMLINED)**

**4470**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection.

**tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + efavirenz 600 mg tablet, 30**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10297Y | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *2120.29 | 37.70    | Atripla [GI]                |

▪ **TENOFOVIR + EMTRICITABINE + ELVITEGRAVIR + COBICISTAT**

**Authority required (STREAMLINED)**

**4522**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**

Patient must be antiretroviral treatment naive.

**Authority required (STREAMLINED)**

**4470**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**

Patient must have previously received PBS-subsidised therapy for HIV infection.

**tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg + elvitegravir 150 mg + cobicistat 150 mg tablet, 30**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10307L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *2120.29 | 37.70    | Stribild [GI]               |

▪ **TIPRANAVIR**

**Authority required (STREAMLINED)**

**4981**

HIV infection

**Clinical criteria:**

The treatment must be in addition to optimised background therapy, **AND**

The treatment must be in combination with other antiretroviral agents, **AND**

Patient must be antiretroviral experienced, **AND**

The treatment must be co-administered with 200 mg ritonavir twice daily, **AND**

Patient must have experienced virological failure or clinical failure or genotypic resistance after each of at least 3 different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

**Note:** Special Pricing Arrangements apply.

---

**tipranavir 250 mg capsule, 120**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10344K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *2188.93 | 37.70    | Aptivus [BY]                |

**■ VALGANCICLOVIR****Authority required (STREAMLINED)****4980**

Cytomegalovirus retinitis

**Clinical criteria:**

Patient must have HIV infection.

**valganciclovir 50 mg/mL oral liquid: powder for, 100 mL**

|        |               |             |            |           |          |                             |
|--------|---------------|-------------|------------|-----------|----------|-----------------------------|
| 10277X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$   | MRVSN \$ | Brand Name and Manufacturer |
|        | 11            | 5           | ..         | *#4624.39 | 37.70    | Valcyte [RO]                |

**valganciclovir 450 mg tablet, 60**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10306K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | 5           | ..         | *4538.53 | 37.70    | Valcyte [RO]                |

**■ ZIDOVUDINE****Authority required (STREAMLINED)****4512**

HIV infection

Treatment Phase: Initial

**Clinical criteria:**Patient must be antiretroviral treatment naive, **AND**

The treatment must be in combination with other antiretroviral agents.

**Authority required (STREAMLINED)****4454**

HIV infection

Treatment Phase: Continuing

**Clinical criteria:**Patient must have previously received PBS-subsidised therapy for HIV infection, **AND**

The treatment must be in combination with other antiretroviral agents.

**zidovudine 100 mg capsule, 100**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10266H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 4             | 5           | ..         | *861.65 | 37.70    | Retrovir [VI]               |

**zidovudine 250 mg capsule, 40**

|        |               |             |            |          |          |                             |
|--------|---------------|-------------|------------|----------|----------|-----------------------------|
| 10360G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|        | 6             | 5           | ..         | *1279.71 | 37.70    | Retrovir [VI]               |

**zidovudine 50 mg/5 mL oral liquid, 200 mL**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10361H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 15            | 5           | ..         | *707.13 | 37.70    | Retrovir [VI]               |

# Botulinum Toxin Program

## ▪ BOTULINUM TOXIN TYPE A

### Caution

Contraindications to treatment include known sensitivity to botulinum toxin.

### Restricted benefit

Blepharospasm or hemifacial spasm

### **Clinical criteria:**

Patient must have blepharospasm; OR

Patient must have hemifacial spasm.

### **Population criteria:**

Patient must be aged 12 years or older.

### **Treatment criteria:**

Must be treated by a neurologist; OR

Must be treated by an ophthalmologist; OR

Must be treated by an otolaryngology head and neck surgeon; OR

Must be treated by a plastic surgeon.

### Restricted benefit

Dynamic equinus foot deformity

### **Clinical criteria:**

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

Patient must have cerebral palsy, **AND**

Patient must be ambulant.

### **Population criteria:**

Patient must be aged from 2 to 17 years inclusive.

### **Treatment criteria:**

Must be treated by a neurologist; OR

Must be treated by an orthopaedic surgeon; OR

Must be treated by a paediatrician; OR

Must be treated by a rehabilitation specialist.

### Restricted benefit

Dynamic equinus foot deformity

### **Clinical criteria:**

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

Patient must have cerebral palsy, **AND**

Patient must be ambulant, **AND**

Patient must have commenced PBS-subsidised treatment with Botulinum Toxin Type A Purified Neurotoxin Complex as a paediatric patient.

### **Population criteria:**

Patient must be aged 18 years or older.

### **Treatment criteria:**

Must be treated by a neurologist; OR

Must be treated by an orthopaedic surgeon; OR

Must be treated by a paediatrician; OR

Must be treated by a rehabilitation specialist.

### Restricted benefit

Spasmodic torticollis

### **Clinical criteria:**

Patient must have spasmodic torticollis, **AND**

The treatment must be as monotherapy; OR

The treatment must be as adjunctive therapy to current standard care.

### **Population criteria:**

---

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR

Must be treated by a plastic surgeon; OR

Must be treated by a rehabilitation specialist.

**Restricted benefit**

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

Patient must have cerebral palsy.

**Population criteria:**

Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

Must be treated by a neurologist; OR

Must be treated by an orthopaedic surgeon; OR

Must be treated by a paediatrician; OR

Must be treated by a rehabilitation specialist; OR

Must be treated by a plastic surgeon.

**Restricted benefit**

Moderate to severe spasticity of the upper limb

**Clinical criteria:**

Patient must have cerebral palsy, **AND**

Patient must have commenced PBS-subsidised treatment with Botulinum Type A Neurotoxin Complex as a paediatric patient.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR

Must be treated by an orthopaedic surgeon; OR

Must be treated by a paediatrician; OR

Must be treated by a rehabilitation specialist; OR

Must be treated by a plastic surgeon.

---

**Note:** Contact the Department of Human Services before commencing PBS-subsidised treatment in cerebral palsy patients who have been treated for moderate to severe spasticity of the upper limb with non-PBS-subsidised botulinum toxin prior to the age of 18.

---

**Restricted benefit**

Moderate to severe spasticity of the upper limb following a stroke

**Clinical criteria:**

The condition must be moderate to severe spasticity of the upper limb/s following stroke, defined as a Modified Ashworth Scale rating of 3 or more, **AND**

The treatment must not be initiated until three months post-stroke, **AND**

The treatment must only be used as second line therapy when standard management has failed; OR

The treatment must only be used as an adjunct to physical therapy, **AND**

The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (total Botox, Dysport, and Xeomin), **AND**

The treatment must not exceed 4 treatment periods (total Botox, Dysport, and Xeomin) per upper limb per lifetime, **AND**

Patient must not have established severe contracture in the limb to be treated.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR

Must be treated by an orthopaedic surgeon; OR

Must be treated by a rehabilitation specialist; OR

Must be treated by a plastic surgeon; OR

Must be treated by a geriatrician.

The date of the stroke must be provided.

Standard management includes physiotherapy and/or oral spasticity agents.

**Restricted benefit**

Severe primary axillary hyperhidrosis

**Clinical criteria:**

Patient must have previously failed topical aluminium chloride hexahydrate after one to two months of treatment; OR

Patient must be intolerant to topical aluminium chloride hexahydrate treatment.

**Population criteria:**

Patient must be aged 12 years or older.

**Treatment criteria:**

Must be treated by a dermatologist; OR  
 Must be treated by a neurologist; OR  
 Must be treated by a paediatrician.  
 Maximum number of treatments per year is 3, with no less than 4 months to elapse between treatments.

**Restricted benefit**

Urinary incontinence

**Clinical criteria:**

The condition must be due to neurogenic detrusor overactivity, as demonstrated by urodynamic study, **AND**  
 The condition must be inadequately controlled by anti-cholinergic therapy, **AND**  
 Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with Botulinum Toxin Type A Neurotoxin Complex, **AND**  
 Patient must be willing and able to self-catheterise, **AND**  
 The treatment must not continue if the patient does not achieve a 50% or greater reduction from baseline in urinary incontinence episodes 6-12 weeks after the first treatment, **AND**  
 Patient must have multiple sclerosis; OR  
 Patient must have a spinal cord injury; OR  
 Patient must be aged 18 years or older and have spina bifida.

**Treatment criteria:**

Must be treated by a urologist; OR  
 Must be treated by a urogynaecologist.

**Restricted benefit**

Urinary incontinence

**Clinical criteria:**

The condition must be due to idiopathic overactive bladder, **AND**  
 The condition must have been inadequately controlled by therapy involving at least two alternative anti-cholinergic agents, **AND**  
 Patient must experience at least 14 episodes of urinary incontinence per week prior to commencement of treatment with botulinum toxin type A neurotoxin complex, **AND**  
 Patient must be willing and able to self-catheterise, **AND**  
 The treatment must not continue if the patient does not achieve a 50% or greater reduction from baseline in urinary incontinence episodes 6-12 weeks after the first treatment.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a urologist; OR  
 Must be treated by a urogynaecologist.

**Restricted benefit**

Chronic migraine

**Clinical criteria:**

Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with botulinum toxin type A neurotoxin, **AND**  
 Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with botulinum toxin type A neurotoxin, **AND**  
 Patient must have achieved and maintained a 50% or greater reduction from baseline in the number of headache days per month after two treatment cycles (each of 12 weeks duration) in order to be eligible for continuing PBS-subsidised treatment, **AND**  
 Patient must be appropriately managed by his or her practitioner for medication overuse headache, prior to initiation of treatment with botulinum toxin.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist.  
 Prophylactic migraine medications are propranolol, amitriptylin, methsergide, pizotifen, cyproheptadine or topiramate.

**Note:** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**Note:** Special Pricing Arrangements apply.

**botulinum toxin type A 100 units injection, 1 x 100 units vial**

6103F

| Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|---------------|--------------------------|-----------------------------|
| 1             | 415.50                   | Botox [AG]                  |

▪ **CLOSTRIDIUM BOTULINUM TYPE A TOXIN-HAEMAGGLUTININ COMPLEX**

**Caution**

Contraindications to treatment include known sensitivity to botulinum toxin.

**Restricted benefit**

Blepharospasm or hemifacial spasm

**Clinical criteria:**

---

Patient must have blepharospasm; OR  
Patient must have hemifacial spasm.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR  
Must be treated by an ophthalmologist; OR  
Must be treated by an otolaryngology head and neck surgeon; OR  
Must be treated by a plastic surgeon.

**Restricted benefit**

Dynamic equinus foot deformity

**Clinical criteria:**

The condition must be due to spasticity, **AND**  
Patient must have cerebral palsy, **AND**  
Patient must be ambulant.

**Population criteria:**

Patient must be aged from 2 to 17 years inclusive.

**Treatment criteria:**

Must be treated by a neurologist; OR  
Must be treated by an orthopaedic surgeon; OR  
Must be treated by a paediatrician; OR  
Must be treated by a rehabilitation specialist.

**Restricted benefit**

Dynamic equinus foot deformity

**Clinical criteria:**

The condition must be due to spasticity, **AND**  
Patient must be an ambulant cerebral palsy patient, **AND**  
Patient must have commenced on PBS-subsidised treatment with clostridium botulinum type A toxin-haemagglutinin complex as a paediatric patient.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR  
Must be treated by an orthopaedic surgeon; OR  
Must be treated by a paediatrician; OR  
Must be treated by a rehabilitation specialist.

---

**Note:** Contact the Department of Human Services before commencing PBS-subsidised treatment in cerebral palsy patients who have been treated for moderate to severe spasticity of the upper limb with non-PBS-subsidised botulinum toxin prior to the age of 18.

---

**Restricted benefit**

Moderate to severe spasticity of the upper limb following a stroke

**Clinical criteria:**

The condition must be moderate to severe spasticity of the upper limb/s following stroke, defined as a Modified Ashworth Scale rating of 3 or more, **AND**  
The treatment must not be initiated until three months post-stroke, **AND**  
The treatment must only be used as second line therapy when standard management has failed; OR  
The treatment must only be used as an adjunct to physical therapy, **AND**  
The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (total Botox, Dysport, and Xeomin), **AND**  
The treatment must not exceed 4 treatment periods (total Botox, Dysport, and Xeomin) per upper limb per lifetime, **AND**  
Patient must not have established severe contracture in the limb to be treated.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR  
Must be treated by an orthopaedic surgeon; OR  
Must be treated by a rehabilitation specialist; OR  
Must be treated by a plastic surgeon; OR  
Must be treated by a geriatrician.  
The date of the stroke must be provided.  
Standard management includes physiotherapy and/or oral spasticity agents.

**Restricted benefit**

Spasmodic torticollis

**Clinical criteria:**

Patient must have spasmodic torticollis, **AND**  
 The treatment must be as monotherapy; OR  
 The treatment must be as adjunctive therapy to current standard care.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR  
 Must be treated by a plastic surgeon; OR  
 Must be treated by a rehabilitation specialist.

**Note:** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

**clostridium botulinum type A toxin-haemagglutinin complex 300 units injection, 1 x 300 units vial**

1152P

| Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|---------------|--------------------------|-----------------------------|
| 1             | 361.52                   | Dysport [IS]                |

**clostridium botulinum type A toxin-haemagglutinin complex 500 units injection, 1 x 500 units vial**

6293F

| Max.Qty Packs | Price ex manufacturer \$ | Brand Name and Manufacturer |
|---------------|--------------------------|-----------------------------|
| 1             | 644.81                   | Dysport [IS]                |

▪ **INCOBOTULINUMTOXINA**

**Caution**

Contraindications to treatment include known sensitivity to botulinum toxin.

**Restricted benefit**

Blepharospasm

**Clinical criteria:**

Patient must have blepharospasm.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR  
 Must be treated by an ophthalmologist; OR  
 Must be treated by an otolaryngology head and neck surgeon; OR  
 Must be treated by a plastic surgeon.

**Restricted benefit**

Spasmodic torticollis

**Clinical criteria:**

Patient must have spasmodic torticollis, **AND**  
 The treatment must be as monotherapy; OR  
 The treatment must be as adjunctive therapy to current standard care.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR  
 Must be treated by a plastic surgeon; OR  
 Must be treated by a rehabilitation specialist.

**Restricted benefit**

Moderate to severe spasticity of the upper limb following a stroke

**Clinical criteria:**

The condition must be moderate to severe spasticity of the upper limb/s following stroke, defined as a Modified Ashworth Scale rating of 3 or more, **AND**

The treatment must not be initiated until three months post-stroke, **AND**

The treatment must only be used as second line therapy when standard management has failed; OR

The treatment must only be used as an adjunct to physical therapy, **AND**

The treatment must not continue if the patient does not respond (defined as not having had a decrease in spasticity rating greater than 1, using the Modified Ashworth Scale, in at least one joint) after two treatment periods (total Botox, Dysport, and Xeomin), **AND**

The treatment must not exceed 4 treatment periods (total Botox, Dysport, and Xeomin) per upper limb per lifetime, **AND**

Patient must not have established severe contracture in the limb to be treated.

**Population criteria:**

Patient must be aged 18 years or older.

**Treatment criteria:**

Must be treated by a neurologist; OR  
 Must be treated by an orthopaedic surgeon; OR  
 Must be treated by a rehabilitation specialist; OR  
 Must be treated by a plastic surgeon; OR

---

Must be treated by a geriatrician.

The date of the stroke must be provided.

Standard management includes physiotherapy and/or oral spasticity agents.

---

**Note:** The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

---

**incobotulinumtoxinA 100 mouse LD50 units injection, 1 x 100 mouse LD50 units vial**

| 10253P | Max.Qty Packs | Price ex<br>manufacturer \$ | Brand Name and Manufacturer |
|--------|---------------|-----------------------------|-----------------------------|
|        | 1             | 375.00                      | Xeomin [EZ]                 |

# IVF Treatment Program

## ▪ CETRORELIX

### Authority required (STREAMLINED)

**5046**

Assisted Reproductive Technology

### **Clinical criteria:**

The treatment must be for prevention of premature luteinisation and ovulation, **AND**

Patient must be undergoing controlled ovarian stimulation, **AND**

Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

**cetrorelix 250 microgram injection [1 x 250 microgram vial] (&) inert substance diluent [1 x 1 mL syringe], 1 pack**

| 9599F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 10            | ..          | ..         | *486.13 | 37.70    | Cetrotide [SG]              |

## ▪ CHORIOGONADOTROPIN ALFA

### Authority required (STREAMLINED)

**5019**

Assisted Reproductive Technology

### **Clinical criteria:**

Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

**Note:** Special Pricing Arrangements apply.

**choriogonadotropin alfa 250 microgram/0.5 mL injection, 1 x 0.5 mL cartridge**

| 6182J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | ..          | ..         | 65.73   | 37.70    | Ovidrel [SG]                |

**choriogonadotropin alfa 250 microgram/0.5 mL injection, 1 x 0.5 mL syringe**

| 9631X | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | ..          | ..         | 65.73   | 37.70    | Ovidrel [SG]                |

## ▪ CORIFOLLITROPIN ALFA

### Authority required (STREAMLINED)

**5009**

Assisted Reproductive Technology

### **Clinical criteria:**

The treatment must be for controlled ovarian stimulation, **AND**

Patient must have an antral follicle count of 20 or less, **AND**

Patient must be receiving medical services as described in items 13200, 13201, or 13202 of the Medicare Benefits Schedule, **AND**

Patient must be undergoing a gonadotrophin releasing antagonist cycle.

**corifollitropin alfa 100 microgram/0.5 mL injection, 1 x 0.5 mL syringe**

| 5816D | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | ..          | ..         | 433.48  | 37.70    | Elonva [MK]                 |

**corifollitropin alfa 150 microgram/0.5 mL injection, 1 x 0.5 mL syringe**

| 5817E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 1             | ..          | ..         | 707.38  | 37.70    | Elonva [MK]                 |

## ▪ FOLLITROPIN ALFA

### Authority required (STREAMLINED)

**5027**

Assisted Reproductive Technology

### **Clinical criteria:**

Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

### **follitropin alfa 300 international units / 0.5 mL (21.84 microgram/0.5 mL) injection, 1 x 0.5 mL cartridge**

| 6431L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 2             | ..          | ..         | *308.95 | 37.70    | Gonal-f Pen [SG]            |

### **follitropin alfa 450 international units / 0.75 mL (32.76 microgram/0.75 mL) injection, 1 x 0.75 mL cartridge**

| 6432M | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 2             | ..          | ..         | *459.95 | 37.70    | Gonal-f Pen [SG]            |

### **follitropin alfa 900 international units / 1.5 mL (65.52 microgram/1.5 mL) injection, 1 x 1.5 mL cartridge**

| 6433N | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
|       | 5             | ..          | ..         | *2224.93 | 37.70    | Gonal-f Pen [SG]            |

## ▪ FOLLITROPIN BETA

### Authority required (STREAMLINED)

**5027**

Assisted Reproductive Technology

### **Clinical criteria:**

Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

### **follitropin beta 300 international units/0.36 mL injection, 1 x 0.36 mL cartridge**

| 6335K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 2             | ..          | ..         | *318.93 | 37.70    | Puregon 300 IU/0.36 mL [MK] |

### **follitropin beta 600 international units/0.72 mL injection, 1 x 0.72 mL cartridge**

| 6336L | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
|       | 4             | ..          | ..         | *1217.81 | 37.70    | Puregon 600 IU/0.72 mL [MK] |

### **follitropin beta 900 international units/1.08 mL injection, 1 x 1.08 mL cartridge**

| 6464F | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
|       | 5             | ..          | ..         | *2222.68 | 37.70    | Puregon 900 IU/1.08 mL [MK] |

## ▪ GANIRELIX

### Authority required (STREAMLINED)

**5046**

Assisted Reproductive Technology

### **Clinical criteria:**

The treatment must be for prevention of premature luteinisation and ovulation, **AND**

Patient must be undergoing controlled ovarian stimulation, **AND**

Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

### **ganirelix 250 microgram/0.5 mL injection, 1 x 0.5 mL syringe**

| 9583J | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 10            | ..          | ..         | *486.13 | 37.70    | Orgalutran [MK]             |

### **ganirelix 250 microgram/0.5 mL injection, 5 x 0.5 mL syringes**

| 9584K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 2             | ..          | ..         | *486.17 | 37.70    | Orgalutran [MK]             |

## ▪ GONADOTROPHIN CHORIONIC HUMAN

### Authority required (STREAMLINED)

**5027**

Assisted Reproductive Technology

### **Clinical criteria:**

Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

**gonadotrophin chorionic human 1500 international units injection [3 x 1500 international units ampoules] (& inert substance diluent [3 x 1 mL ampoules], 1 pack**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 6178E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|       | 1             | ..          | ..         | 50.46   | 37.70    | Pregnyl [MK]                |

**gonadotrophin chorionic human 5000 international units injection [1 x 5000 international units ampoule] (& inert substance diluent [1 x 1 mL ampoule], 1 pack**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 6181H | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|       | 2             | ..          | ..         | *32.21  | 33.38    | Pregnyl [MK]                |

▪ **GONADOTROPHIN-MENOPAUSAL HUMAN**

**Authority required (STREAMLINED)**

**5027**

Assisted Reproductive Technology

**Clinical criteria:**

Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

**gonadotrophin-menopausal human 600 international units injection [1 x 600 international units vial] (& inert substance diluent [1 x 1 mL syringe], 1 pack**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 2036E | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|       | 3             | ..          | ..         | *835.56 | 37.70    | Menopur 600 [FP]            |

**gonadotrophin-menopausal human 1200 international units injection [1 x 1200 international units vial] (& inert substance diluent [2 x 1 mL syringes], 1 pack**

|       |               |             |            |          |          |                             |
|-------|---------------|-------------|------------|----------|----------|-----------------------------|
| 2038G | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$  | MRVSN \$ | Brand Name and Manufacturer |
|       | 4             | ..          | ..         | *2171.65 | 37.70    | Menopur 1200 [FP]           |

▪ **NAFARELIN**

**Authority required (STREAMLINED)**

**5046**

Assisted Reproductive Technology

**Clinical criteria:**

The treatment must be for prevention of premature luteinisation and ovulation, **AND**

Patient must be undergoing controlled ovarian stimulation, **AND**

Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

**nafarelin 200 microgram/actuation nasal spray, 60 actuations**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 5815C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|       | 2             | ..          | ..         | *227.41 | 37.70    | Synarel [PF]                |

▪ **PROGESTERONE**

**Authority required (STREAMLINED)**

**4997**

Assisted Reproductive Technology

**Clinical criteria:**

The treatment must be for luteal phase support as part of an assisted reproductive technology (ART) treatment cycle for infertile women, **AND**

Patient must be receiving medical services as described in items 13200 or 13201 of the Medicare Benefits Schedule.

The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.

**progesterone 100 mg pessary, 21**

|        |               |             |            |         |          |                             |
|--------|---------------|-------------|------------|---------|----------|-----------------------------|
| 10116K | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|        | 2             | ..          | ..         | *109.71 | 37.70    | Endometrin [FP]             |

**progesterone 100 mg pessary, 15**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 9608Q | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|       | 3             | ..          | ..         | *164.19 | 37.70    | Oripro [ON]                 |

**progesterone 200 mg pessary, 15**

|       |               |             |            |         |          |                             |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
| 9609R | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|       | 3             | ..          | ..         | *180.39 | 37.70    | Oripro [ON]                 |

■ **PROGESTERONE**

**Authority required (STREAMLINED)**

**5045**

Assisted Reproductive Technology

**Clinical criteria:**

The treatment must be for luteal phase support as part of an assisted reproductive technology (ART) treatment cycle for infertile women, **AND**

Patient must be receiving medical services as described in items 13200 or 13201 of the Medicare Benefits Schedule.

The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.

**Note:** Special Pricing Arrangements apply.

**progesterone 8% vaginal gel, 15 applications**

| 6366C | Max.Qty Packs | No. of Rpts | Premium \$ | DPMQ \$ | MRVSN \$ | Brand Name and Manufacturer |
|-------|---------------|-------------|------------|---------|----------|-----------------------------|
|       | 2             | ..          | ..         | *315.81 | 37.70    | Crinone 8% [SG]             |