

**SCHEDULE OF PHARMACEUTICAL BENEFITS EFFECTIVE 1 FEBRUARY 2016**

**ERRATA**

**(1)** This Erratum corrects the entry for **Apomorphine** in the 1 February 2016 Schedule by retaining as pharmaceutical benefits the Apomine brand of apomorphine hydrochloride injections 20 mg/2 mL and 50 mg/5 mL and including equivalence for substitution indicators for the Apomine and Movapo brands of these items.

*Highly Specialised Drugs Program (Private Hospital)*

**APOMORPHINE**

**Authority required**

Parkinson disease

**Clinical criteria:**

Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy.

**apomorphine hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules**

10235Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	72	5	..	*3068.37	Apomine [HH]	

**apomorphine hydrochloride 20 mg/2 mL injection, 5 x 2 mL ampoules**

9607P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	72	5	..	*6092.37	<sup>a</sup> Apomine [HH]	<sup>a</sup> Movapo [TD]

**apomorphine hydrochloride 50 mg/5 mL injection, 5 x 5 mL ampoules**

9640J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	36	5	..	*7609.77	<sup>a</sup> Apomine [HH]	<sup>a</sup> Movapo [TD]

*Highly Specialised Drugs Program (Public Hospital)*

**APOMORPHINE**

**Authority required (STREAMLINED)**

**4833**

Parkinson disease

**Clinical criteria:**

Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy.

**apomorphine hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules**

10227G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	72	5	..	*3021.12	Apomine [HH]	

**apomorphine hydrochloride 20 mg/2 mL injection, 5 x 2 mL ampoules**

5609F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	72	5	..	*6045.12	<sup>a</sup> Apomine [HH]	<sup>a</sup> Movapo [TD]

**apomorphine hydrochloride 50 mg/5 mL injection, 5 x 5 mL ampoules**

5610G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	36	5	..	*7562.88	<sup>a</sup> Apomine [HH]	<sup>a</sup> Movapo [TD]

(2) This Erratum corrects the entry for **Esomeprazole** in the 1 February 2016 Schedule by removing *Esomeprazole AN* brand from PBS items 10295W, 10330Q, 10331R and 10343J and replacing it with *Esomeprazole Actavis* brand.

**ESOMEPRAZOLE**

**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.

**Restricted benefit**

Gastro-oesophageal reflux disease

**Clinical criteria:**

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

**esomeprazole 40 mg capsule, 30**

10330Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
<b>NP</b>	1	1	..	37.86	38.30	<sup>a</sup> Esomeprazole Actavis [EA]	<sup>a</sup> Noxicid Caps [AL]

**ESOMEPRAZOLE**

**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.

**Authority required**

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

**Authority required**

Scleroderma oesophagus

**esomeprazole 40 mg capsule, 30**

10331R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
<b>NP</b>	1	5	..	37.86	38.30	<sup>a</sup> Esomeprazole Actavis [EA]	<sup>a</sup> Noxicid Caps [AL]

## ESOMEPRAZOLE

**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.

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### **Restricted benefit**

Gastric ulcer

Treatment Phase: Initial treatment

### **esomeprazole 20 mg capsule, 30**

10295W	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 Actavis [EA]	<sup>a</sup> Noxicid Caps [AL]

## ESOMEPRAZOLE

**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.

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### **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

### **esomeprazole 20 mg capsule, 30**

10343J	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 Actavis [EA]	<sup>a</sup> Noxicid Caps [AL]

## ADDENDA

(1) This Addendum adds the following additional PBS item to the entry for **Bee Venom** in the 1 February 2016 Schedule.

### BEE VENOM

**bee venom 550 microgram injection [1 vial] (& inert substance diluent [9 mL vial], 1 pack**

10621B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	277.50	38.30	Hymenoptera Honey Bee Venom [DE]

(2) This Addendum adds the following additional PBS item to the entry for **Paper Wasp Venom** in the 1 February 2016 Schedule.

### PAPER WASP VENOM

**Note** Paper wasp venom is not European wasp venom

**paper wasp venom 550 microgram injection [1 vial] (& inert substance diluent [9 mL vial], 1 pack**

10620Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	277.50	38.30	Hymenoptera Paper Wasp Venom [DE]

(3) This Addendum adds the following additional PBS item to the entry for **Vespula Spp Venom** in the 1 February 2016 Schedule.

### VESPULA SPP VENOM

**vespula spp venom 550 microgram injection [1 vial] (& inert substance diluent [9 mL vial], 1 pack**

10622C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	277.50	38.30	Hymenoptera Yellow Jacket Venom [DE]