



Australian Government

Department of Health



Schedule of Pharmaceutical Benefits

Summary of Changes

Effective 1 July 2016



Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 July 2016 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	\$7.02
	Dangerous drug fee	\$2.95
	Extemporaneously-prepared	\$9.06
	Allowable additional patient charge*	\$4.33
Additional Fees (for safety net prices):	Ready-prepared	\$1.19
	Extemporaneously-prepared	\$1.55
Patient Co-payments:	General	\$38.30
	Concessional	\$6.20
Safety Net Thresholds:	General	\$1475.70
	Concessional	\$372.00
Safety Net Card Issue Fee:		\$9.61

* 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 2016. The Schedule is updated on the first day of each month and is available on the internet at www.pbs.gov.au.

General Pharmaceutical Benefits

Additions

Addition – Item

- 10806R **AMINO ACID FORMULA WITH CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE**, amino acid formula with carbohydrate, vitamins, minerals and trace elements without phenylalanine oral liquid: powder for, 30 x 20 g sachets (*PKU Go*)
- 10822N **AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID**, amino acid formula with fat, carbohydrate, vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine and supplemented with docosahexaenoic acid oral liquid, 20 x 500 mL bottles (*PKU Baby*)
- 10800K **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% cream, 15 g (*Diprosone, Eleuphrat*)
- 10801L **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% cream, 15 g (*Diprosone, Eleuphrat*)
- 10802M **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% cream, 15 g (*Diprosone, Eleuphrat*)
- 10813D **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% cream, 15 g (*Diprosone, Eleuphrat*)
- 10824Q **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% cream, 15 g (*Diprosone, Eleuphrat*)
- 10795E **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% ointment, 15 g (*Diprosone, Eleuphrat*)
- 10816G **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% ointment, 15 g (*Diprosone, Eleuphrat*)
- 10820L **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% ointment, 15 g (*Diprosone, Eleuphrat*)
- 10821M **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% ointment, 15 g (*Diprosone, Eleuphrat*)
- 10823P **BETAMETHASONE DIPROPIONATE**, betamethasone (as dipropionate) 0.05% ointment, 15 g (*Diprosone, Eleuphrat*)
- 10794D **BETAMETHASONE VALERATE**, betamethasone (as valerate) 0.05% cream, 15 g (*Betnovate 1/2, Cortival 1/2*)
- 10799J **BETAMETHASONE VALERATE**, betamethasone (as valerate) 0.05% cream, 15 g (*Betnovate 1/2, Cortival 1/2*)
- 10807T **BETAMETHASONE VALERATE**, betamethasone (as valerate) 0.05% cream, 15 g (*Betnovate 1/2, Cortival 1/2*)
- 10808W **BETAMETHASONE VALERATE**, betamethasone (as valerate) 0.05% cream, 15 g (*Betnovate 1/2, Cortival 1/2*)
- 10810Y **BETAMETHASONE VALERATE**, betamethasone (as valerate) 0.05% cream, 15 g (*Betnovate 1/2, Cortival 1/2*)
- 10833E **METHYLPREDNISOLONE**, methylprednisolone aceponate 0.1% cream, 15 g (*Advantan*)

10835G	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% cream, 15 g (<i>Advantan</i>)
10842P	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% cream, 15 g (<i>Advantan</i>)
10851D	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% cream, 15 g (<i>Advantan</i>)
10855H	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% cream, 15 g (<i>Advantan</i>)
10830B	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% lotion, 20 g (<i>Advantan</i>)
10838K	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% lotion, 20 g (<i>Advantan</i>)
10852E	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% lotion, 20 g (<i>Advantan</i>)
10856J	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% lotion, 20 g (<i>Advantan</i>)
10839L	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment: fatty, 15 g (<i>Advantan</i>)
10840M	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment: fatty, 15 g (<i>Advantan</i>)
10843Q	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment: fatty, 15 g (<i>Advantan</i>)
10844R	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment: fatty, 15 g (<i>Advantan</i>)
10848Y	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment: fatty, 15 g (<i>Advantan</i>)
10834F	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment, 15 g (<i>Advantan</i>)
10836H	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment, 15 g (<i>Advantan</i>)
10845T	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment, 15 g (<i>Advantan</i>)
10846W	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment, 15 g (<i>Advantan</i>)
10853F	METHYLPREDNISOLONE , methylprednisolone aceponate 0.1% ointment, 15 g (<i>Advantan</i>)
10792B	MOMETASONE , mometasone furoate 0.1% cream, 15 g (<i>Elocon, Momasone, Novasone</i>)
10809X	MOMETASONE , mometasone furoate 0.1% cream, 15 g (<i>Elocon, Momasone, Novasone</i>)
10815F	MOMETASONE , mometasone furoate 0.1% cream, 15 g (<i>Elocon, Momasone, Novasone</i>)
10818J	MOMETASONE , mometasone furoate 0.1% cream, 15 g (<i>Elocon, Momasone, Novasone</i>)
10827W	MOMETASONE , mometasone furoate 0.1% cream, 15 g (<i>Elocon, Momasone, Novasone</i>)
10804P	MOMETASONE , mometasone furoate 0.1% lotion, 30 mL (<i>Elocon, Momasone, Novasone, Zatamil</i>)
10805Q	MOMETASONE , mometasone furoate 0.1% lotion, 30 mL (<i>Elocon, Momasone, Novasone, Zatamil</i>)
10819K	MOMETASONE , mometasone furoate 0.1% lotion, 30 mL (<i>Elocon, Momasone, Novasone, Zatamil</i>)
10826T	MOMETASONE , mometasone furoate 0.1% lotion, 30 mL (<i>Elocon, Momasone, Novasone, Zatamil</i>)
10791Y	MOMETASONE , mometasone furoate 0.1% ointment, 15 g (<i>Elocon, Novasone, Zatamil</i>)
10793C	MOMETASONE , mometasone furoate 0.1% ointment, 15 g (<i>Elocon, Novasone, Zatamil</i>)
10812C	MOMETASONE , mometasone furoate 0.1% ointment, 15 g (<i>Elocon, Novasone, Zatamil</i>)
10814E	MOMETASONE , mometasone furoate 0.1% ointment, 15 g (<i>Elocon, Novasone, Zatamil</i>)
10828X	MOMETASONE , mometasone furoate 0.1% ointment, 15 g (<i>Elocon, Novasone, Zatamil</i>)
10797G	PARACETAMOL , paracetamol 665 mg tablet: modified release, 192 (<i>Osteomol 665 Paracetamol</i>)
10798H	TRASTUZUMAB , trastuzumab 600 mg/5 mL injection, 5 mL vial (<i>Herceptin SC</i>)
10803N	TRASTUZUMAB , trastuzumab 600 mg/5 mL injection, 5 mL vial (<i>Herceptin SC</i>)
10825R	TRASTUZUMAB , trastuzumab 600 mg/5 mL injection, 5 mL vial (<i>Herceptin SC</i>)

Addition – Brand

8295N	<i>Blooms the Chemist Candesartan, IB</i> – CANDESARTAN , candesartan cilexetil 4 mg tablet, 30
8296P	<i>Blooms the Chemist Candesartan, IB</i> – CANDESARTAN , candesartan cilexetil 8 mg tablet, 30
8297Q	<i>Blooms the Chemist Candesartan, IB</i> – CANDESARTAN , candesartan cilexetil 16 mg tablet, 30
8889W	<i>Blooms the Chemist Candesartan, IB</i> – CANDESARTAN , candesartan cilexetil 32 mg tablet, 30
8504N	<i>Blooms the Chemist Candesartan HCTZ 16/12.5, IB</i> – CANDESARTAN + HYDROCHLOROTHIAZIDE , candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

9314F	<i>Blooms the Chemist Candesartan HCTZ 32/12.5, IB – CANDESARTAN + HYDROCHLOROTHIAZIDE, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30</i>
9315G	<i>Blooms the Chemist Candesartan HCTZ 32/25, IB – CANDESARTAN + HYDROCHLOROTHIAZIDE, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30</i>
8246B	<i>Blooms the Chemist Irbesartan, IB – IRBESARTAN, irbesartan 75 mg tablet, 30</i>
8247C	<i>Blooms the Chemist Irbesartan, IB – IRBESARTAN, irbesartan 150 mg tablet, 30</i>
8248D	<i>Blooms the Chemist Irbesartan, IB – IRBESARTAN, irbesartan 300 mg tablet, 30</i>
8404H	<i>Blooms the Chemist Irbesartan HCTZ 150/12.5, IB – IRBESARTAN + HYDROCHLOROTHIAZIDE, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30</i>
8405J	<i>Blooms the Chemist Irbesartan HCTZ 300/12.5, IB – IRBESARTAN + HYDROCHLOROTHIAZIDE, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30</i>
2136K	<i>Blooms the Chemist Irbesartan HCTZ 300/25, IB – IRBESARTAN + HYDROCHLOROTHIAZIDE, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30</i>
9006B	<i>APO-Perindopril Arginine, TX – PERINDOPRIL, perindopril arginine 2.5 mg tablet, 30</i>
9006B	<i>Chem mart Perindopril Arginine, CH – PERINDOPRIL, perindopril arginine 2.5 mg tablet, 30</i>
9006B	<i>Terry White Chemists Perindopril Arginine, TW – PERINDOPRIL, perindopril arginine 2.5 mg tablet, 30</i>
9007C	<i>APO-Perindopril Arginine, TX – PERINDOPRIL, perindopril arginine 5 mg tablet, 30</i>
9007C	<i>Chem mart Perindopril Arginine, CH – PERINDOPRIL, perindopril arginine 5 mg tablet, 30</i>
9007C	<i>Terry White Chemists Perindopril Arginine, TW – PERINDOPRIL, perindopril arginine 5 mg tablet, 30</i>
9008D	<i>APO-Perindopril Arginine, TX – PERINDOPRIL, perindopril arginine 10 mg tablet, 30</i>
9008D	<i>Chem mart Perindopril Arginine, CH – PERINDOPRIL, perindopril arginine 10 mg tablet, 30</i>
9008D	<i>Terry White Chemists Perindopril Arginine, TW – PERINDOPRIL, perindopril arginine 10 mg tablet, 30</i>
9346X	<i>APO-Perindopril Arginine/Amlodipine 5/5, TX – PERINDOPRIL + AMLODIPINE, perindopril arginine 5 mg + amlodipine 5 mg tablet, 30</i>
9346X	<i>Blooms the Chemist Perindopril Arginine/Amlodipine 5/5, IB – PERINDOPRIL + AMLODIPINE, perindopril arginine 5 mg + amlodipine 5 mg tablet, 30</i>
9346X	<i>Chem mart Perindopril Arginine/Amlodipine 5/5, CH – PERINDOPRIL + AMLODIPINE, perindopril arginine 5 mg + amlodipine 5 mg tablet, 30</i>
9346X	<i>Terry White Chemists Perindopril Arginine/Amlodipine 5/5, TW – PERINDOPRIL + AMLODIPINE, perindopril arginine 5 mg + amlodipine 5 mg tablet, 30</i>
9347Y	<i>APO-Perindopril Arginine/Amlodipine 5/10, TX – PERINDOPRIL + AMLODIPINE, perindopril arginine 5 mg + amlodipine 10 mg tablet, 30</i>
9347Y	<i>Blooms the Chemist Perindopril Arginine/Amlodipine 5/10, IB – PERINDOPRIL + AMLODIPINE, perindopril arginine 5 mg + amlodipine 10 mg tablet, 30</i>
9347Y	<i>Chem mart Perindopril Arginine/Amlodipine 5/10, CH – PERINDOPRIL + AMLODIPINE, perindopril arginine 5 mg + amlodipine 10 mg tablet, 30</i>
9347Y	<i>Terry White Chemists Perindopril Arginine/Amlodipine 5/10, TW – PERINDOPRIL + AMLODIPINE, perindopril arginine 5 mg + amlodipine 10 mg tablet, 30</i>
9348B	<i>APO-Perindopril Arginine/Amlodipine 10/5, TX – PERINDOPRIL + AMLODIPINE, perindopril arginine 10 mg + amlodipine 5 mg tablet, 30</i>
9348B	<i>Blooms the Chemist Perindopril Arginine/Amlodipine 10/5, IB – PERINDOPRIL + AMLODIPINE, perindopril arginine 10 mg + amlodipine 5 mg tablet, 30</i>
9348B	<i>Chem mart Perindopril Arginine/Amlodipine 10/5, CH – PERINDOPRIL + AMLODIPINE, perindopril arginine 10 mg + amlodipine 5 mg tablet, 30</i>
9348B	<i>Terry White Chemists Perindopril Arginine/Amlodipine 10/5, TW – PERINDOPRIL + AMLODIPINE, perindopril arginine 10 mg + amlodipine 5 mg tablet, 30</i>
9349C	<i>APO-Perindopril Arginine/Amlodipine 10/10, TX – PERINDOPRIL + AMLODIPINE, perindopril arginine 10 mg + amlodipine 10 mg tablet, 30</i>
9349C	<i>Blooms the Chemist Perindopril Arginine/Amlodipine 10/10, IB – PERINDOPRIL + AMLODIPINE, perindopril arginine 10 mg + amlodipine 10 mg tablet, 30</i>

9349C	<i>Chem mart Perindopril Arginine/Amlodipine 10/10, CH</i> – PERINDOPRIL + AMLODIPINE , perindopril arginine 10 mg + amlodipine 10 mg tablet, 30
9349C	<i>Terry White Chemists Perindopril Arginine/Amlodipine 10/10, TW</i> – PERINDOPRIL + AMLODIPINE , perindopril arginine 10 mg + amlodipine 10 mg tablet, 30
3418X	<i>Pramipexole XR GP, AF</i> – PRAMIPEXOLE , pramipexole hydrochloride monohydrate 375 microgram tablet: modified release, 30
3419Y	<i>Pramipexole XR GP, AF</i> – PRAMIPEXOLE , pramipexole hydrochloride monohydrate 750 microgram tablet: modified release, 30
3420B	<i>Pramipexole XR GP, AF</i> – PRAMIPEXOLE , pramipexole hydrochloride monohydrate 1.5 mg tablet: modified release, 30
5143Q	<i>Pramipexole XR GP, AF</i> – PRAMIPEXOLE , pramipexole hydrochloride monohydrate 2.25 mg tablet: modified release, 30
3421C	<i>Pramipexole XR GP, AF</i> – PRAMIPEXOLE , pramipexole hydrochloride monohydrate 3 mg tablet: modified release, 30
5145T	<i>Pramipexole XR GP, AF</i> – PRAMIPEXOLE , pramipexole hydrochloride monohydrate 3.75 mg tablet: modified release, 30
3422D	<i>Pramipexole XR GP, AF</i> – PRAMIPEXOLE , pramipexole hydrochloride monohydrate 4.5 mg tablet: modified release, 30
9202H	<i>QUETIAPINE-AS XR, RW</i> – QUETIAPINE , quetiapine 50 mg tablet: modified release, 60

Addition – Equivalence Indicator

8814X	<i>Osteomol 665 Paracetamol, CR</i> – PARACETAMOL , paracetamol 665 mg tablet: modified release, 96
9202H	<i>Seroquel XR, AP</i> – QUETIAPINE , quetiapine 50 mg tablet: modified release, 60

Deletions

Deletion – Item

10139P	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>EasyMate II</i>)
10147C	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>EasyMate II</i>)
10215P	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>Healthpro</i>)
10216Q	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>Healthpro</i>)
10217R	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>GluNEO</i>)
10223C	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>GluNEO</i>)
2263D	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>Optium Omega</i>)
2673Q	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>OneTouch Select</i>)
2697Y	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>OneTouch Select</i>)
2890D	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>Betachek</i>)
2914J	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>Glucoflex-R</i>)
3406G	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>CareSens N</i>)
3407H	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>CareSens N</i>)
3441D	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>OneTouch Verio</i>)
3442E	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>OneTouch Verio</i>)
5043K	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>Accu-Chek Aviva</i>)
5053Y	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>Accu-Chek Aviva</i>)
8739Y	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>Accu-Chek Go</i>)
8749L	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>GlucoDr</i>)
8759B	GLUCOSE INDICATOR BLOOD , glucose indicator blood diagnostic strip, 50 (<i>CareSens</i>)

8795X **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*SensoCard*)

9263M **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*GlucoDr*)

9267R **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*Optium Omega*)

9274D **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*Accu-Chek Go*)

9276F **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*Betachek*)

9278H **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*CareSens*)

9279J **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*Glucoflex-R*)

9281L **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*SensoCard*)

9297H **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*Bionime Rightest*)

9298J **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*Bionime Rightest*)

9471L **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*MyGlucoHealth*)

9472M **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*MyGlucoHealth*)

10700E **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*2in1 smart glucose test strips*)

10724K **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*2in1 smart glucose test strips*)

2860M **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*Betachek G5*)

9277G **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 50 (*Betachek G5*)

10153J **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Contour next*)

10164Y **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Contour next*)

10221Y **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Dario*)

10222B **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Dario*)

1503D **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Contour*)

1518X **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Contour*)

1519Y **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*BGStar*)

1520B **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*BGStar*)

2562W **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*TRUEbalance*)

2568E **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*TRUEresult*)

2571H **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*TRUEbalance*)

2575M **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*TRUEtrack*)

2602Y **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*TRUEtrack*)

2624D **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*TRUEresult*)

2979T **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Accu-Chek Performa*)

8190C **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Accu-Chek Active*)

8522M **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*FreeStyle Optium*)

9154T **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*FreeStyle Lite*)

9257F **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Accu-Chek Performa*)

9269W **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*FreeStyle Lite*)

9270X **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*FreeStyle Optium*)

9273C **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Accu-Chek Active*)

9300L **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Accu-Chek Mobile*)

9301M **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Accu-Chek Mobile*)

10394C **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Betachek C50*)

10395D **GLUCOSE INDICATOR BLOOD**, glucose indicator blood diagnostic strip, 100 (*Betachek C50*)

Deletion – Brand

2132F	Chem mart Alprazolam, CH – ALPRAZOLAM , alprazolam 1 mg tablet, 50
2132F	Terry White Chemists Alprazolam, TW – ALPRAZOLAM , alprazolam 1 mg tablet, 50
9049G	Cadatin 5/10, FZ – AMLODIPINE + ATORVASTATIN , amlodipine 5 mg + atorvastatin 10 mg tablet, 30
9050H	Cadatin 5/20, FZ – AMLODIPINE + ATORVASTATIN , amlodipine 5 mg + atorvastatin 20 mg tablet, 30
9051J	Cadatin 5/40, FZ – AMLODIPINE + ATORVASTATIN , amlodipine 5 mg + atorvastatin 40 mg tablet, 30
9052K	Cadatin 5/80, FZ – AMLODIPINE + ATORVASTATIN , amlodipine 5 mg + atorvastatin 80 mg tablet, 30
9053L	Cadatin 10/10, FZ – AMLODIPINE + ATORVASTATIN , amlodipine 10 mg + atorvastatin 10 mg tablet, 30
9054M	Cadatin 10/20, FZ – AMLODIPINE + ATORVASTATIN , amlodipine 10 mg + atorvastatin 20 mg tablet, 30
9055N	Cadatin 10/40, FZ – AMLODIPINE + ATORVASTATIN , amlodipine 10 mg + atorvastatin 40 mg tablet, 30
9056P	Cadatin 10/80, FZ – AMLODIPINE + ATORVASTATIN , amlodipine 10 mg + atorvastatin 80 mg tablet, 30
1884E	Amoxycillin-GA, FM – AMOXYCILLIN , amoxycillin 250 mg capsule, 20
3301R	Amoxycillin-GA, FM – AMOXYCILLIN , amoxycillin 250 mg capsule, 20 (Dental)
1889K	Amoxycillin-GA, FM – AMOXYCILLIN , amoxycillin 500 mg capsule, 20
3300Q	Amoxycillin-GA, FM – AMOXYCILLIN , amoxycillin 500 mg capsule, 20 (Dental)
1892N	GA-Amclav 125/31.25, FM – AMOXYCILLIN + CLAVULANIC ACID , amoxycillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL oral liquid: powder for, 75 mL
5009P	GA-Amclav 125/31.25, FM – AMOXYCILLIN + CLAVULANIC ACID , amoxycillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL oral liquid: powder for, 75 mL (Dental)
5011R	GA-Amclav Forte 400/57, FM – AMOXYCILLIN + CLAVULANIC ACID , amoxycillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL oral liquid: powder for, 60 mL (Dental)
8319W	GA-Amclav Forte 400/57, FM – AMOXYCILLIN + CLAVULANIC ACID , amoxycillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL oral liquid: powder for, 60 mL
1891M	GA-Amclav 500/125, FM – AMOXYCILLIN + CLAVULANIC ACID , amoxycillin 500 mg + clavulanic acid 125 mg tablet, 10
5008N	GA-Amclav 500/125, FM – AMOXYCILLIN + CLAVULANIC ACID , amoxycillin 500 mg + clavulanic acid 125 mg tablet, 10 (Dental)
5006L	GA-Amclav Forte 875/125, FM – AMOXYCILLIN + CLAVULANIC ACID , amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10 (Dental)
8254K	GA-Amclav Forte 875/125, FM – AMOXYCILLIN + CLAVULANIC ACID , amoxycillin 875 mg + clavulanic acid 125 mg tablet, 10
2687K	GenRx Azathioprine, GX – AZATHIOPRINE , azathioprine 50 mg tablet, 100
2502Q	GenRx Calcitriol, GX – CALCITRIOL , calcitriol 0.25 microgram capsule, 100
1473M	Fluconazole Hexal, HX – FLUCONAZOLE , fluconazole 100 mg/50 mL injection, 50 mL vial
1474N	Fluconazole Hexal, HX – FLUCONAZOLE , fluconazole 200 mg/100 mL injection, 100 mL vial
2414C	GenRx Frusemide, GX – FRUSEMIDE , frusemide 20 mg tablet, 100
2412Y	GenRx Frusemide, GX – FRUSEMIDE , frusemide 40 mg tablet, 100
2848X	GenRx Lamotrigine, GX – LAMOTRIGINE , lamotrigine 25 mg tablet, 56
2849Y	GenRx Lamotrigine, GX – LAMOTRIGINE , lamotrigine 50 mg tablet, 56
2850B	GenRx Lamotrigine, GX – LAMOTRIGINE , lamotrigine 100 mg tablet, 56
2851C	GenRx Lamotrigine, GX – LAMOTRIGINE , lamotrigine 200 mg tablet, 56
8561N	GenRx Meloxicam, GX – MELOXICAM , meloxicam 7.5 mg tablet, 30
8562P	GenRx Meloxicam, GX – MELOXICAM , meloxicam 15 mg tablet, 30
1324Q	GenRx Metoprolol, GX – METOPROLOL TARTRATE , METOPROLOL TARTRATE Tablet 50 mg, 100
1325R	GenRx Metoprolol, GX – METOPROLOL TARTRATE , METOPROLOL TARTRATE Tablet 100 mg, 60
1695F	GenRx Nifedipine, GX – NIFEDIPINE , nifedipine 20 mg tablet, 60

3381Y	Chem mart Olanzapine ODT, CH – OLANZAPINE , OLANZAPINE Tablet 5 mg (orally disintegrating), 28
3381Y	Terry White Chemists Olanzapine ODT, TW – OLANZAPINE , OLANZAPINE Tablet 5 mg (orally disintegrating), 28
3382B	Chem mart Olanzapine ODT, CH – OLANZAPINE , OLANZAPINE Tablet 10 mg (orally disintegrating), 28
3382B	Terry White Chemists Olanzapine ODT, TW – OLANZAPINE , OLANZAPINE Tablet 10 mg (orally disintegrating), 28
8039D	Oxybutynin Winthrop, WA – OXYBUTYNIN , oxybutynin hydrochloride 5 mg tablet, 100
2242B	Paroxetine-GA, FM – PAROXETINE , paroxetine 20 mg tablet, 30
8470T	GenRx Ramipril, GX – RAMIPRIL , ramipril 10 mg capsule, 30
2011W	GenRx Simvastatin, GX – SIMVASTATIN , simvastatin 10 mg tablet, 30
9242K	GenRx Simvastatin, GX – SIMVASTATIN , simvastatin 10 mg tablet, 30
8398B	GenRx Sotalol, GX – SOTALOL , sotalol hydrochloride 80 mg tablet, 60

Deletion – Equivalence Indicator

1473M	Fluconazole Sandoz, SZ – FLUCONAZOLE , fluconazole 100 mg/50 mL injection, 50 mL vial
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Alterations

Alteration – Restriction

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

9092M	ATOMOXETINE , atomoxetine 10 mg capsule, 28 (<i>Strattera</i>)
9093N	ATOMOXETINE , atomoxetine 18 mg capsule, 28 (<i>Strattera</i>)
9094P	ATOMOXETINE , atomoxetine 25 mg capsule, 28 (<i>Strattera</i>)
9095Q	ATOMOXETINE , atomoxetine 40 mg capsule, 28 (<i>Strattera</i>)
9096R	ATOMOXETINE , atomoxetine 60 mg capsule, 28 (<i>Strattera</i>)
9289X	ATOMOXETINE , atomoxetine 80 mg capsule, 28 (<i>Strattera</i>)
9290Y	ATOMOXETINE , atomoxetine 100 mg capsule, 28 (<i>Strattera</i>)
2694T	BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE , betamethasone (as sodium phosphate) 2.96 mg/mL + betamethasone (as acetate) 2.71 mg/mL injection, 5 x 1 mL ampoules (<i>Celestone Chronodose</i>)
5034Y	BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE , betamethasone (as sodium phosphate) 2.96 mg/mL + betamethasone (as acetate) 2.71 mg/mL injection, 5 x 1 mL ampoules (<i>Celestone Chronodose</i>) (Dental)
1211R	CLOMIPHENE , clomiphene citrate 50 mg tablet, 10 (<i>Clomid, Serophene</i>)
1561E	CLOMIPRAMINE , clomipramine hydrochloride 25 mg tablet, 50 (<i>Anafranil 25, Chem mart Clomipramine, GenRx Clomipramine, Placil, Terry White Chemists Clomipramine</i>)
1805B	CLONAZEPAM , clonazepam 500 microgram tablet, 100 (<i>Paxam 0.5, Rivotril</i>)
1806C	CLONAZEPAM , clonazepam 2 mg tablet, 100 (<i>Paxam 2, Rivotril</i>)
1807D	CLONAZEPAM , clonazepam 1 mg/mL injection [5 x 1 mL ampoules] (&) inert substance diluent [5 x 1 mL ampoules], 1 pack (<i>Rivotril</i>)
1808E	CLONAZEPAM , clonazepam 2.5 mg/mL oral liquid, 10 mL (<i>Rivotril</i>)
1285P	DANAZOL , danazol 100 mg capsule, 100 (<i>Azol 100</i>)
1287R	DANAZOL , danazol 200 mg capsule, 100 (<i>Azol 200</i>)
1165H	DEXAMPHETAMINE , dexamphetamine sulfate 5 mg tablet, 100 (<i>Aspen Pharma Pty Ltd</i>)
1299J	DICLOFENAC , diclofenac sodium 25 mg tablet: enteric, 50 (<i>APO-Diclofenac, Chem mart Diclofenac, Clonac 25, Diclofenac AN, Diclofenac Sandoz, Diclofenac-GA, Fenac 25, Terry White Chemists Diclofenac, Voltaren 25</i>)
1300K	DICLOFENAC , diclofenac sodium 50 mg tablet: enteric, 50 (<i>APO-Diclofenac, Chem mart Diclofenac, Clonac 50, Diclofenac AN, Diclofenac Sandoz, Diclofenac-GA, Fenac, Terry White Chemists Diclofenac, Voltaren 50</i>)

5076E	DICLOFENAC , diclofenac sodium 25 mg tablet: enteric, 50 (<i>APO-Diclofenac, Chem mart Diclofenac, Clonac 25, Diclofenac AN, Diclofenac Sandoz, Diclofenac-GA, Fenac 25, Terry White Chemists Diclofenac, Voltaren 25</i>) (Dental)
5077F	DICLOFENAC , diclofenac sodium 50 mg tablet: enteric, 50 (<i>APO-Diclofenac, Chem mart Diclofenac, Clonac 50, Diclofenac AN, Diclofenac Sandoz, Diclofenac-GA, Fenac, Terry White Chemists Diclofenac, Voltaren 50</i>) (Dental)
9155W	DULOXETINE , duloxetine 30 mg capsule: enteric, 28 (<i>APO-Duloxetine, Andepra, Chem mart Duloxetine, Coperin, Cymbalta, Deotine 30, Depreta 30, Drulox, Duloxetine AN, Duloxetine GH, Duloxetine RBX, Duloxetine Sandoz, Pharmacor Duloxetine 30, Terry White Chemists Duloxetine</i>)
9156X	DULOXETINE , duloxetine 60 mg capsule: enteric, 28 (<i>APO-Duloxetine, Andepra, Chem mart Duloxetine, Coperin, Cymbalta, Deotine 60, Depreta 60, Drulox, Duloxetine AN, Duloxetine GH, Duloxetine RBX, Duloxetine Sandoz, Pharmacor Duloxetine 60, Terry White Chemists Duloxetine</i>)
1434L	FLUOXETINE , fluoxetine 20 mg capsule, 28 (<i>Auscap Aspen, Chem mart Fluoxetine, Fluoxetine 20, Fluoxetine AN, Fluoxetine RBX, Fluoxetine Sandoz, Fluoxetine generichealth, Fluoxetine-GA, GenRx Fluoxetine, Lovan, Prozac 20, Terry White Chemists Fluoxetine, Zactin</i>)
8270G	FLUOXETINE , fluoxetine 20 mg tablet: dispersible, 28 (<i>Lovan 20 Tab, Prozac Tab, Zactin Tablet</i>)
8174F	FLUVOXAMINE , fluvoxamine maleate 100 mg tablet, 30 (<i>APO-Fluvoxamine, Faverin 100, Fluvoxamine GA, Luvox, Movox 100, Voxam</i>)
8512B	FLUVOXAMINE , fluvoxamine maleate 50 mg tablet, 30 (<i>APO-Fluvoxamine, Faverin 50, Fluvoxamine GA, Luvox, Movox 50, Voxam</i>)
8713N	FOLLITROPIN ALFA , follitropin alfa 300 units (21.84 microgram)/0.5 mL injection, 0.5 mL cartridge (<i>Gonal-f Pen</i>)
8714P	FOLLITROPIN ALFA , follitropin alfa 450 units (32.76 microgram)/0.75 mL injection, 0.75 mL cartridge (<i>Gonal-f Pen</i>)
8715Q	FOLLITROPIN ALFA , follitropin alfa 900 units (65.52 microgram)/1.5 mL injection, 1.5 mL cartridge (<i>Gonal-f Pen</i>)
8565T	FOLLITROPIN BETA , follitropin beta 300 units/0.36 mL injection, 0.36 mL cartridge (<i>Puregon 300 IU/0.36 mL</i>)
8566W	FOLLITROPIN BETA , follitropin beta 600 units/0.72 mL injection, 0.72 mL cartridge (<i>Puregon 600 IU/0.72 mL</i>)
8871X	FOLLITROPIN BETA , follitropin beta 900 units/1.08 mL injection, 1.08 mL cartridge (<i>Puregon 900 IU/1.08 mL</i>)
8015W	GESTRINONE , gestrinone 2.5 mg capsule, 8 (<i>Dimetriose</i>)
1581F	GONADOTROPHIN CHORIONIC HUMAN , gonadotrophin chorionic human 1500 units injection [3 ampoules] (& inert substance diluent [3 x 1 mL ampoules], 1 pack (<i>Pregnyl</i>))
1510L	HYDROCORTISONE SODIUM SUCCINATE , hydrocortisone (as sodium succinate) 100 mg injection [1 vial] (& inert substance diluent [2 mL vial], 1 pack (<i>Solu-Cortef</i>))
1511M	HYDROCORTISONE SODIUM SUCCINATE , hydrocortisone (as sodium succinate) 250 mg injection [1 vial] (& inert substance diluent [2 mL vial], 1 pack (<i>Solu-Cortef</i>))
5118J	HYDROCORTISONE SODIUM SUCCINATE , hydrocortisone (as sodium succinate) 100 mg injection [1 vial] (& inert substance diluent [2 mL vial], 1 pack (<i>Solu-Cortef</i>)) (Dental)
5119K	HYDROCORTISONE SODIUM SUCCINATE , hydrocortisone (as sodium succinate) 250 mg injection [1 vial] (& inert substance diluent [2 mL vial], 1 pack (<i>Solu-Cortef</i>)) (Dental)
3190X	IBUPROFEN , ibuprofen 400 mg tablet, 30 (<i>Brufen</i>)
5123P	IBUPROFEN , ibuprofen 400 mg tablet, 30 (<i>Brufen</i>) (Dental)
2454E	INDOMETHACIN , indomethacin 25 mg capsule, 50 (<i>Arthrexin, Indocid</i>)
5126T	INDOMETHACIN , indomethacin 25 mg capsule, 50 (<i>Arthrexin, Indocid</i>) (Dental)
1590Q	KETOPROFEN , ketoprofen 200 mg capsule: modified release, 28 (<i>Orudis SR 200, Oruvail SR</i>)
5136H	KETOPROFEN , ketoprofen 200 mg capsule: modified release, 28 (<i>Orudis SR 200, Oruvail SR</i>) (Dental)
2722G	MEDROXYPROGESTERONE , medroxyprogesterone acetate 10 mg tablet, 100 (<i>Provera, Ralovera</i>)
1824B	MEFENAMIC ACID , mefenamic acid 250 mg capsule, 50 (<i>Ponstan</i>)
8561N	MELOXICAM , meloxicam 7.5 mg tablet, 30 (<i>APO-Meloxicam, Chem mart Meloxicam 7.5 mg, , Meloxiauro 7.5, Meloxibell, Meloxicam AN, Meloxicam Ranbaxy, Meloxicam Sandoz, Meloxicam-GA, Mobic, Movalis 7.5, Moxicam 7.5, Pharmacor Meloxicam 7.5, Terry White Chemists Meloxicam 7.5 mg</i>)
8562P	MELOXICAM , meloxicam 15 mg tablet, 30 (<i>APO-Meloxicam, Chem mart Meloxicam 15 mg, , Meloxiauro 15, Meloxibell, Meloxicam AN, Meloxicam Ranbaxy, Meloxicam Sandoz, Meloxicam-GA, Mobic, Movalis 15, Moxicam 15, Pharmacor Meloxicam 15, Terry White Chemists Meloxicam 15 mg</i>)

8887R **MELOXICAM**, meloxicam 7.5 mg capsule, 30 (*APO-Meloxicam, Chem mart Meloxicam, Melox 7.5, Meloxicam Sandoz, Mobic, Movalis 7.5, Terry White Chemists Meloxicam*)

8888T **MELOXICAM**, meloxicam 15 mg capsule, 30 (*APO-Meloxicam, Chem mart Meloxicam, Melox 15, Meloxicam Sandoz, Mobic, Movalis 15, Terry White Chemists Meloxicam*)

2172H **METHYLPHENIDATE**, methylphenidate hydrochloride 27 mg tablet: modified release, 30 (*Concerta*)

2276T **METHYLPHENIDATE**, methylphenidate hydrochloride 20 mg capsule: modified release, 30 (*Ritalin LA*)

2280B **METHYLPHENIDATE**, methylphenidate hydrochloride 30 mg capsule: modified release, 30 (*Ritalin LA*)

2283E **METHYLPHENIDATE**, methylphenidate hydrochloride 40 mg capsule: modified release, 30 (*Ritalin LA*)

2387P **METHYLPHENIDATE**, methylphenidate hydrochloride 18 mg tablet: modified release, 30 (*Concerta*)

2388Q **METHYLPHENIDATE**, methylphenidate hydrochloride 36 mg tablet: modified release, 30 (*Concerta*)

2432B **METHYLPHENIDATE**, methylphenidate hydrochloride 54 mg tablet: modified release, 30 (*Concerta*)

3440C **METHYLPHENIDATE**, methylphenidate hydrochloride 10 mg capsule: modified release, 30 (*Ritalin LA*)

8839F **METHYLPHENIDATE**, methylphenidate hydrochloride 10 mg tablet, 100 (*Ritalin 10*)

1928L **METHYLPREDNISOLONE**, methylprednisolone acetate 40 mg/mL injection, 5 x 1 mL vials (*Depo-Medrol, Depo-Nisolone*)

5148Y **METHYLPREDNISOLONE**, methylprednisolone acetate 40 mg/mL injection, 5 x 1 mL vials (*Depo-Medrol, Depo-Nisolone*) (**Dental**)

8054X **METHYLPREDNISOLONE**, methylprednisolone aceponate 0.1% cream, 15 g (*Advantan*)

8055Y **METHYLPREDNISOLONE**, methylprednisolone aceponate 0.1% ointment, 15 g (*Advantan*)

8128T **METHYLPREDNISOLONE**, methylprednisolone aceponate 0.1% ointment: fatty, ointment, 15 g (*Advantan*)

8618N **METHYLPREDNISOLONE**, methylprednisolone aceponate 0.1% lotion, 20 g (*Advantan*)

1627P **MIANSERIN**, mianserin hydrochloride 10 mg tablet, 50 (*Lumin 10*)

1628Q **MIANSERIN**, mianserin hydrochloride 20 mg tablet, 50 (*Lumin 20*)

8513C **MIRTAZAPINE**, mirtazapine 30 mg tablet, 30 (*APO-Mirtazapine, Aurozapine 30, Avanza, Axit 30, Chem mart Mirtazapine, GenRx Mirtazapine, Mirtazapine AN, Mirtazapine GH, Mirtazapine Sandoz, Mirtazapine-GA, Mirtazon, Terry White Chemists Mirtazapine*)

8855C **MIRTAZAPINE**, MIRTAZAPINE Tablet 15 mg (orally disintegrating), 30 (*Avanza SolTab, Milivin OD 15, Mirtazapine AN ODT, Mirtazapine Sandoz ODT 15, Remeron SolTab*)

8856D **MIRTAZAPINE**, MIRTAZAPINE Tablet 30 mg (orally disintegrating), 30 (*Avanza SolTab, Milivin OD 30, Mirtazapine AN ODT, Mirtazapine Sandoz ODT 30, Remeron SolTab*)

8857E **MIRTAZAPINE**, MIRTAZAPINE Tablet 45 mg (orally disintegrating), 30 (*Avanza SolTab, Milivin OD 45, Mirtazapine AN ODT, Mirtazapine Sandoz ODT 45, Remeron SolTab*)

8883M **MIRTAZAPINE**, mirtazapine 45 mg tablet, 30 (*APO-Mirtazapine, Aurozapine 45, Avanza, Axit 45, Chem mart Mirtazapine, Mirtazapine AN, Mirtazapine GH, Mirtazapine Sandoz, Mirtazapine-GA, Mirtazon, Terry White Chemists Mirtazapine*)

9365X **MIRTAZAPINE**, mirtazapine 15 mg tablet, 30 (*APO-Mirtazapine, Axit 15, Mirtazapine AN*)

1900B **MOCLOBEMIDE**, moclobemide 150 mg tablet, 60 (*Amira 150, Aurorix, Clobemix, GenRx Moclobemide, Moclobemide AN, Moclobemide Sandoz, Mohexal*)

8003F **MOCLOBEMIDE**, moclobemide 300 mg tablet, 60 (*Amira 300, Aurorix 300 mg, Clobemix, GenRx Moclobemide, Moclobemide AN, Moclobemide Sandoz*)

1913Q **MOMETASONE**, mometasone furoate 0.1% cream, 15 g (*Elocon, Momasone, Novasone*)

1915T **MOMETASONE**, mometasone furoate 0.1% ointment, 15 g (*Elocon, Novasone, Zatamil*)

8043H **MOMETASONE**, mometasone furoate 0.1% lotion, 30 mL (*Elocon, Momasone, Novasone, Zatamil*)

2522R **NORTRIPTYLINE**, nortriptyline 10 mg tablet, 50 (*Allegron*)

2523T **NORTRIPTYLINE**, nortriptyline 25 mg tablet, 50 (*Allegron*)

3134Y **OXAZEPAM**, oxazepam 15 mg tablet, 25 (*Alepam 15, Serepax*)

3135B **OXAZEPAM**, oxazepam 30 mg tablet, 25 (*APO-Oxazepam, Alepam 30, Murelax, Serepax*)

8039D **OXYBUTYNIN**, oxybutynin hydrochloride 5 mg tablet, 100 (*Ditropan, Oxybutynin Sandoz,)*

9454N **OXYBUTYNIN**, oxybutynin 3.9 mg/24 hours patch, 8 (*Oxytrol*)

8814X	PARACETAMOL , paracetamol 665 mg tablet: modified release, 96 (<i>Osteomol 665 Paracetamol</i>)
2242B	PAROXETINE , paroxetine 20 mg tablet, 30 (<i>Aropax, Chem mart Paroxetine, Extine 20, GenRx Paroxetine, Paroxetine AN, Paroxetine Actavis, Paroxetine GH, Paroxetine Sandoz, , Paxtine, Roxet 20, Terry White Chemists Paroxetine</i>)
9197C	PAROXETINE , paroxetine 20 mg tablet, 30 (<i>Paroxetine generichealth</i>)
2856H	PHENELZINE , phenelzine 15 mg tablet, 100 (<i>Nardil</i>)
1850J	PHENOBARBITONE , phenobarbitone 30 mg tablet, 200 (<i>Phenobarbitone Aspen</i>)
2138M	PHENOBARBITONE , phenobarbitone sodium 219 mg/mL injection, 5 x 1 mL ampoules (<i>Fawns and McAllan Proprietary Limited</i>)
1895R	PIROXICAM , piroxicam 10 mg tablet: dispersible, 50 (<i>Mobilis D-10</i>)
1896T	PIROXICAM , piroxicam 20 mg tablet: dispersible, 25 (<i>Feldene-D, Mobilis D-20</i>)
1897W	PIROXICAM , piroxicam 10 mg capsule, 50 (<i>Chem mart Piroxicam, Feldene, GenRx Piroxicam, Mobilis 10, Terry White Chemists Piroxicam</i>)
1898X	PIROXICAM , piroxicam 20 mg capsule, 25 (<i>Chem mart Piroxicam, Feldene, GenRx Piroxicam, Mobilis 20, Terry White Chemists Piroxicam</i>)
5201R	PIROXICAM , piroxicam 10 mg tablet: dispersible, 50 (<i>Mobilis D-10</i>) (Dental)
5202T	PIROXICAM , piroxicam 20 mg tablet: dispersible, 25 (<i>Feldene-D, Mobilis D-20</i>) (Dental)
5203W	PIROXICAM , piroxicam 10 mg capsule, 50 (<i>Chem mart Piroxicam, Feldene, GenRx Piroxicam, Mobilis 10, Terry White Chemists Piroxicam</i>) (Dental)
5204X	PIROXICAM , piroxicam 20 mg capsule, 25 (<i>Chem mart Piroxicam, Feldene, GenRx Piroxicam, Mobilis 20, Terry White Chemists Piroxicam</i>) (Dental)
1953T	PROPANTHELINE , propantheline bromide 15 mg tablet, 100 (<i>Pro-Banthine</i>)
8583R	REBOXETINE , reboxetine 4 mg tablet, 60 (<i>Edronax</i>)
2236Q	SERTRALINE , sertraline 50 mg tablet, 30 (<i>APO-Sertraline, Auro-Sertraline 50, Chem mart Sertraline, Eleva 50, GenRx Sertraline, Sertra 50, Sertracor 50, Sertraline AN, Sertraline Actavis, Sertraline Sandoz, Sertraline generichealth, Setrona, Terry White Chemists Sertraline, Xydep 50, Zoloft</i>)
2237R	SERTRALINE , sertraline 100 mg tablet, 30 (<i>APO-Sertraline, Auro-Sertraline 100, Chem mart Sertraline, Eleva 100, GenRx Sertraline, Sertra 100, Sertracor 100, Sertraline AN, Sertraline Actavis, Sertraline Sandoz, Sertraline generichealth, Setrona, Terry White Chemists Sertraline, Xydep 100, Zoloft</i>)
8836C	SERTRALINE , sertraline 50 mg tablet, 30 (<i>Auro-Sertraline 50, Eleva 50, Sertraline AN, Sertraline Actavis, Xydep 50, Zoloft</i>)
8837D	SERTRALINE , sertraline 100 mg tablet, 30 (<i>Auro-Sertraline 100, Eleva 100, Sertraline AN, Sertraline Actavis, Xydep 100, Zoloft</i>)
10682F	TRASTUZUMAB , trastuzumab 600 mg/5 mL injection, 5 mL vial (<i>Herceptin SC</i>)
10721G	TRASTUZUMAB , trastuzumab 600 mg/5 mL injection, 5 mL vial (<i>Herceptin SC</i>)
2117K	TRIAMCINOLONE , triamcinolone acetonide 0.02% cream, 100 g (<i>Aristocort 0.02%, Tricortone</i>)
2118L	TRIAMCINOLONE , triamcinolone acetonide 0.02% ointment, 100 g (<i>Aristocort 0.02%, Tricortone</i>)
2990J	TRIAMCINOLONE , triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules (<i>Kenacort-A10</i>)
5233K	TRIAMCINOLONE , triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules (<i>Kenacort-A10</i>) (Dental)

Alteration – Manufacturer Code

		<i>From</i>	<i>To</i>
10731T	<i>Akynzeo</i> – NETUPITANT + PALONOSETRON , netupitant 300 mg + palonosetron 500 microgram capsule, 1	ZD	MF
5295Q	<i>Aloxi</i> – PALONOSETRON , palonosetron 250 microgram/5 mL injection, 5 mL vial	ZD	MF
3074T	<i>Sandomigran 0.5</i> – PIZOTIFEN , pizotifen 500 microgram tablet, 100	NV	AE

Advance Notices

1 August 2016

Deletion – Brand

1003T	Zovirax 200 mg, GK – ACICLOVIR , aciclovir 200 mg tablet, 25
1052J	Zovirax 800 mg, GK – ACICLOVIR , aciclovir 800 mg tablet, 35
2502Q	Calcitriol Sandoz, SZ – CALCITRIOL , calcitriol 0.25 microgram capsule, 100
8220P	Ciazil, UA – CITALOPRAM , citalopram 20 mg tablet, 28
2457H	Prinivil 10, MK – LISINOPRIL , lisinopril 10 mg tablet, 30
2458J	Prinivil 20, MK – LISINOPRIL , lisinopril 20 mg tablet, 30
1977C	Ranoxyl, FM – RANITIDINE , ranitidine 300 mg tablet, 30
1978D	Ranoxyl, FM – RANITIDINE , ranitidine 150 mg tablet, 60
3036T	Protos 2 g, SE – STRONTIUM , strontium ranelate 2 g granules, 28 sachets

1 September 2016

Deletion – Brand

8423H	Dilaudid-HP, MF – HYDROMORPHONE , hydromorphone hydrochloride 500 mg/50 mL injection, 50 mL vial
1703P	Abbecillin-VK Filmstab, QA – PHENOXYMETHYLPENICILLIN , phenoxymethylpenicillin 250 mg tablet, 25
1787C	Abbecillin-VK Filmstab, QA – PHENOXYMETHYLPENICILLIN , phenoxymethylpenicillin 250 mg tablet, 25
3028J	Abbecillin-VK Filmstab, QA – PHENOXYMETHYLPENICILLIN , phenoxymethylpenicillin 500 mg tablet, 25
3360W	Abbecillin-VK Filmstab, QA – PHENOXYMETHYLPENICILLIN , phenoxymethylpenicillin 250 mg tablet, 25 (Dental)
3361X	Abbecillin-VK Filmstab, QA – PHENOXYMETHYLPENICILLIN , phenoxymethylpenicillin 500 mg tablet, 25 (Dental)
5012T	Abbecillin-V, QA – PHENOXYMETHYLPENICILLIN , phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL (Dental)
9143F	Abbecillin-V, QA – PHENOXYMETHYLPENICILLIN , phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

Palliative Care

Additions

Addition – Item

10796F **PARACETAMOL**, paracetamol 665 mg tablet: modified release, 192 (*Osteomol 665 Paracetamol*)

Addition – Equivalence Indicator

5343F *Osteomol 665 Paracetamol*, CR – **PARACETAMOL**, paracetamol 665 mg tablet: modified release, 96

Alterations

Alteration – Restriction

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

5343F **PARACETAMOL**, paracetamol 665 mg tablet: modified release, 96 (*Osteomol 665 Paracetamol*)

Highly Specialised Drugs Program (Private Hospital)

Alterations

Alteration – Restriction

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

6320P	DARBEPOETIN ALFA , darbepoetin alfa 10 microgram/0.4 mL injection, 4 x 0.4 mL syringes (<i>Aranesp</i>)
6321Q	DARBEPOETIN ALFA , darbepoetin alfa 20 microgram/0.5 mL injection, 4 x 0.5 mL syringes (<i>Aranesp</i>)
6322R	DARBEPOETIN ALFA , darbepoetin alfa 30 microgram/0.3 mL injection, 4 x 0.3 mL syringes (<i>Aranesp</i>)
6323T	DARBEPOETIN ALFA , darbepoetin alfa 40 microgram/0.4 mL injection, 4 x 0.4 mL syringes (<i>Aranesp</i>)
6324W	DARBEPOETIN ALFA , darbepoetin alfa 50 microgram/0.5 mL injection, 4 x 0.5 mL syringes (<i>Aranesp</i>)
6325X	DARBEPOETIN ALFA , darbepoetin alfa 60 microgram/0.3 mL injection, 4 x 0.3 mL syringes (<i>Aranesp</i>)
6326Y	DARBEPOETIN ALFA , darbepoetin alfa 100 microgram/0.5 mL injection, 4 x 0.5 mL syringes (<i>Aranesp</i>)
6365B	DARBEPOETIN ALFA , darbepoetin alfa 150 microgram/0.3 mL injection, 4 x 0.3 mL syringes (<i>Aranesp</i>)
6438W	DARBEPOETIN ALFA , darbepoetin alfa 80 microgram/0.4 mL injection, 4 x 0.4 mL syringes (<i>Aranesp</i>)
6488L	DARBEPOETIN ALFA , darbepoetin alfa 20 microgram/0.5 mL injection, 0.5 mL syringe (<i>Aranesp SureClick</i>)
6489M	DARBEPOETIN ALFA , darbepoetin alfa 40 microgram/0.4 mL injection, 0.4 mL syringe (<i>Aranesp SureClick</i>)
6490N	DARBEPOETIN ALFA , darbepoetin alfa 60 microgram/0.3 mL injection, 0.3 mL syringe (<i>Aranesp SureClick</i>)
6491P	DARBEPOETIN ALFA , darbepoetin alfa 80 microgram/0.4 mL injection, 0.4 mL syringe (<i>Aranesp SureClick</i>)
6492Q	DARBEPOETIN ALFA , darbepoetin alfa 100 microgram/0.5 mL injection, 0.5 mL syringe (<i>Aranesp SureClick</i>)
6493R	DARBEPOETIN ALFA , darbepoetin alfa 150 microgram/0.3 mL injection, 0.3 mL syringe (<i>Aranesp SureClick</i>)
6249X	DOXORUBICIN HYDROCHLORIDE-PEGYLATED LIPOSOMAL , doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial (<i>Caelyx, Liposomal Doxorubicin SUN</i>)
6204M	EPOETIN ALFA , epoetin alfa 2000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Eprex 2000</i>)
6205N	EPOETIN ALFA , epoetin alfa 3000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>Eprex 3000</i>)
6206P	EPOETIN ALFA , epoetin alfa 4000 units/0.4 mL injection, 6 x 0.4 mL syringes (<i>Eprex 4000</i>)
6207Q	EPOETIN ALFA , epoetin alfa 10 000 units/mL injection, 6 x 1 mL syringes (<i>Eprex 10000</i>)
6251B	EPOETIN ALFA , epoetin alfa 1000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Eprex 1000</i>)
6302Q	EPOETIN ALFA , epoetin alfa 5000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Eprex 5000</i>)
6303R	EPOETIN ALFA , epoetin alfa 6000 units/0.6 mL injection, 6 x 0.6 mL syringes (<i>Eprex 6000</i>)
6305W	EPOETIN ALFA , epoetin alfa 8000 units/0.8 mL injection, 6 x 0.8 mL syringes (<i>Eprex 8000</i>)
6339P	EPOETIN ALFA , epoetin alfa 40 000 units/mL injection, 1 mL syringe (<i>Eprex 40,000</i>)
6434P	EPOETIN ALFA , epoetin alfa 20 000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Eprex 20,000</i>)
6480C	EPOETIN BETA , epoetin beta 2000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
6481D	EPOETIN BETA , epoetin beta 3000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
6482E	EPOETIN BETA , epoetin beta 4000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
6483F	EPOETIN BETA , epoetin beta 5000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
6484G	EPOETIN BETA , epoetin beta 6000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
6485H	EPOETIN BETA , epoetin beta 10 000 units/0.6 mL injection, 6 x 0.6 mL syringes (<i>NeoRecormon</i>)
9588P	EPOETIN LAMBDA , epoetin lambda 5000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Novicrit</i>)
9590R	EPOETIN LAMBDA , epoetin lambda 6000 units/0.6 mL injection, 6 x 0.6 mL syringes (<i>Novicrit</i>)
9593X	EPOETIN LAMBDA , epoetin lambda 8000 units/0.8 mL injection, 6 x 0.8 mL syringes (<i>Novicrit</i>)
9595B	EPOETIN LAMBDA , epoetin lambda 10 000 units/mL injection, 6 x 1 mL syringes (<i>Novicrit</i>)
9685R	EPOETIN LAMBDA , epoetin lambda 1000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Novicrit</i>)
9686T	EPOETIN LAMBDA , epoetin lambda 2000 units/mL injection, 6 x 1 mL syringes (<i>Novicrit</i>)
9687W	EPOETIN LAMBDA , epoetin lambda 3000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>Novicrit</i>)

9688X	EPOETIN LAMBDA , epoetin lambda 4000 units/0.4 mL injection, 6 x 0.4 mL syringes (<i>Novicrit</i>)
6148N	INTERFERON GAMMA-1B , interferon gamma-1b 2 million units (100 microgram)/0.5 mL injection, 6 x 0.5 mL vials (<i>Imukin</i>)
9574X	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 30 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
9575Y	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 50 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
9576B	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 75 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
9577C	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 100 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
9578D	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 120 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
9579E	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 200 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
9580F	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 360 microgram/0.6 mL injection, 1 x 0.6 mL syringe (<i>Mircera</i>)

Highly Specialised Drugs Program (Public Hospital)

Alterations

Alteration – Restriction

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

5637Q	DARBEPOETIN ALFA , darbepoetin alfa 10 microgram/0.4 mL injection, 4 x 0.4 mL syringes (<i>Aranesp</i>)
5638R	DARBEPOETIN ALFA , darbepoetin alfa 20 microgram/0.5 mL injection, 4 x 0.5 mL syringes (<i>Aranesp</i>)
5639T	DARBEPOETIN ALFA , darbepoetin alfa 30 microgram/0.3 mL injection, 4 x 0.3 mL syringes (<i>Aranesp</i>)
5640W	DARBEPOETIN ALFA , darbepoetin alfa 40 microgram/0.4 mL injection, 4 x 0.4 mL syringes (<i>Aranesp</i>)
5641X	DARBEPOETIN ALFA , darbepoetin alfa 50 microgram/0.5 mL injection, 4 x 0.5 mL syringes (<i>Aranesp</i>)
5642Y	DARBEPOETIN ALFA , darbepoetin alfa 60 microgram/0.3 mL injection, 4 x 0.3 mL syringes (<i>Aranesp</i>)
5643B	DARBEPOETIN ALFA , darbepoetin alfa 150 microgram/0.3 mL injection, 4 x 0.3 mL syringes (<i>Aranesp</i>)
5644C	DARBEPOETIN ALFA , darbepoetin alfa 80 microgram/0.4 mL injection, 4 x 0.4 mL syringes (<i>Aranesp</i>)
5645D	DARBEPOETIN ALFA , darbepoetin alfa 20 microgram/0.5 mL injection, 0.5 mL syringe (<i>Aranesp SureClick</i>)
5646E	DARBEPOETIN ALFA , darbepoetin alfa 40 microgram/0.4 mL injection, 0.4 mL syringe (<i>Aranesp SureClick</i>)
5647F	DARBEPOETIN ALFA , darbepoetin alfa 60 microgram/0.3 mL injection, 0.3 mL syringe (<i>Aranesp SureClick</i>)
5648G	DARBEPOETIN ALFA , darbepoetin alfa 80 microgram/0.4 mL injection, 0.4 mL syringe (<i>Aranesp SureClick</i>)
5649H	DARBEPOETIN ALFA , darbepoetin alfa 100 microgram/0.5 mL injection, 0.5 mL syringe (<i>Aranesp SureClick</i>)
5650J	DARBEPOETIN ALFA , darbepoetin alfa 150 microgram/0.3 mL injection, 0.3 mL syringe (<i>Aranesp SureClick</i>)
5651K	DARBEPOETIN ALFA , darbepoetin alfa 100 microgram/0.5 mL injection, 4 x 0.5 mL syringes (<i>Aranesp</i>)
5705G	DOXORUBICIN HYDROCHLORIDE-PEGYLATED LIPOSOMAL , doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial (<i>Caelyx, Liposomal Doxorubicin SUN</i>)
5713Q	EPOETIN ALFA , epoetin alfa 20 000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Eprex 20,000</i>)
5714R	EPOETIN ALFA , epoetin alfa 1000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Eprex 1000</i>)
5715T	EPOETIN ALFA , epoetin alfa 5000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Eprex 5000</i>)
5716W	EPOETIN ALFA , epoetin alfa 6000 units/0.6 mL injection, 6 x 0.6 mL syringes (<i>Eprex 6000</i>)
5717X	EPOETIN ALFA , epoetin alfa 8000 units/0.8 mL injection, 6 x 0.8 mL syringes (<i>Eprex 8000</i>)
5718Y	EPOETIN ALFA , epoetin alfa 40 000 units/mL injection, 1 mL syringe (<i>Eprex 40,000</i>)
5719B	EPOETIN ALFA , epoetin alfa 2000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Eprex 2000</i>)
5720C	EPOETIN ALFA , epoetin alfa 3000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>Eprex 3000</i>)

5721D	EPOETIN ALFA , epoetin alfa 4000 units/0.4 mL injection, 6 x 0.4 mL syringes (<i>Eprex 4000</i>)
5722E	EPOETIN ALFA , epoetin alfa 10 000 units/mL injection, 6 x 1 mL syringes (<i>Eprex 10000</i>)
5724G	EPOETIN BETA , epoetin beta 2000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
5725H	EPOETIN BETA , epoetin beta 3000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
5726J	EPOETIN BETA , epoetin beta 4000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
5727K	EPOETIN BETA , epoetin beta 5000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
5728L	EPOETIN BETA , epoetin beta 6000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>NeoRecormon</i>)
5729M	EPOETIN BETA , epoetin beta 10 000 units/0.6 mL injection, 6 x 0.6 mL syringes (<i>NeoRecormon</i>)
9587N	EPOETIN LAMBDA , epoetin lambda 4000 units/0.4 mL injection, 6 x 0.4 mL syringes (<i>Novicrit</i>)
9589Q	EPOETIN LAMBDA , epoetin lambda 5000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Novicrit</i>)
9591T	EPOETIN LAMBDA , epoetin lambda 6000 units/0.6 mL injection, 6 x 0.6 mL syringes (<i>Novicrit</i>)
9594Y	EPOETIN LAMBDA , epoetin lambda 8000 units/0.8 mL injection, 6 x 0.8 mL syringes (<i>Novicrit</i>)
9596C	EPOETIN LAMBDA , epoetin lambda 10 000 units/mL injection, 6 x 1 mL syringes (<i>Novicrit</i>)
9668W	EPOETIN LAMBDA , epoetin lambda 1000 units/0.5 mL injection, 6 x 0.5 mL syringes (<i>Novicrit</i>)
9669X	EPOETIN LAMBDA , epoetin lambda 2000 units/mL injection, 6 x 1 mL syringes (<i>Novicrit</i>)
9670Y	EPOETIN LAMBDA , epoetin lambda 3000 units/0.3 mL injection, 6 x 0.3 mL syringes (<i>Novicrit</i>)
5769P	INTERFERON GAMMA-1B , interferon gamma-1b 2 million units (100 microgram)/0.5 mL injection, 6 x 0.5 mL vials (<i>Imukin</i>)
5794Y	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 30 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
5795B	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 50 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
5796C	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 75 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
5797D	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 100 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
5798E	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 120 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
5799F	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 200 microgram/0.3 mL injection, 1 x 0.3 mL syringe (<i>Mircera</i>)
5800G	METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA , methoxy polyethylene glycol-epoetin beta 360 microgram/0.6 mL injection, 1 x 0.6 mL syringe (<i>Mircera</i>)

Highly Specialised Drugs Program (Community Access)

Advance Notices

1 August 2016

Deletion – Brand

10372X *Sebivo, NV* – **TELIVUDINE**, telbivudine 600 mg tablet, 28

Repatriation Pharmaceutical Benefits

Additions

Addition – Item

- 10857K **DRESSING ALGINATE WITH MANUKA HONEY**, dressing alginate with manuka honey 2.5 cm x 20 cm ribbon, 5 (*Algivon Plus Ribbon & Probe CR4231*)
- 10849B **DRESSING ALGINATE WITH MANUKA HONEY**, dressing alginate with manuka honey 10 cm x 10 cm dressing, 5 (*Algivon Plus CR4225*)
- 10837J **DRESSING HYDROFIBRE ALTERNATE TO ALGINATES**, dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10 (*Aquacel Foam Non-Adhesive*)
- 10832D **DRESSING HYDROFIBRE ALTERNATE TO ALGINATES**, dressing hydrofibre alternate to alginates 12.5 cm x 12.5 cm dressing, 10 (*Aquacel Foam Adhesive*)
- 10831C **HYDROCORTISONE ACETATE**, hydrocortisone acetate 1% ointment, 30 g (*Cortic-DS 1%*)
- 10854G **NYSTATIN**, nystatin 100 000 units/mL oral liquid, 24 mL (*Mycostatin Oral Drops*)
- 10847X **POVIDONE-IODINE**, povidone-iodine 9.5 cm x 9.5 cm dressing, 25 (*Inadine*)
- 10850C **PROTEIN FORMULA WITH ARGININE, VITAMIN C AND E**, protein formula with arginine, vitamin C and E oral liquid: powder for, 14 x 9.2 g sachets (*Arginaid*)
- 10841N **PROTEIN FORMULA WITH ARGININE, VITAMIN C, E AND ZINC**, protein formula with arginine, vitamin C, E and zinc oral liquid, 27 x 237 mL cartons (*Arginaid Extra*)

Addition – Brand

- 2194L *APO-Alendronate Plus D3 70 mg/70 mcg, TX* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram tablet, 4
- 2194L *Alendrobell plus D3, GQ* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram tablet, 4
- 2194L *Chem mart Alendronate Plus D3 70 mg/70 mcg, CH* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram tablet, 4
- 2194L *Terry White Chemists Alendronate Plus D3 70 mg/70 mcg, TW* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram tablet, 4
- 2224C *APO-Alendronate Plus D3 70 mg/140 mcg, TX* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 140 microgram tablet, 4
- 2224C *Alendrobell plus D3, GQ* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 140 microgram tablet, 4
- 2224C *Chem mart Alendronate Plus D3 70 mg/140 mcg, CH* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 140 microgram tablet, 4
- 2224C *Terry White Chemists Alendronate Plus D3 70 mg/140 mcg, TW* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 140 microgram tablet, 4
- 4010C *Myconail, AE* – **AMOROLFINE**, amorolfine 5% application, 5 mL
- 4010C *Sandoz Nail Repair, SZ* – **AMOROLFINE**, amorolfine 5% application, 5 mL
- 4233T *Auro-Finasteride, DO* – **FINASTERIDE**, finasteride 5 mg tablet, 30

Alterations

Alteration – Restriction

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

- 4190M **DICLOFENAC + MISOPROSTOL**, diclofenac sodium 50 mg + misoprostol 200 microgram tablet, 60 (*Arthrotec 50*)

General Pharmaceutical Benefits

■ AMINO ACID FORMULA WITH CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with carbohydrate, vitamins, minerals and trace elements without phenylalanine oral liquid: powder for, 30 x 20 g sachets

10806R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	5	..	*999.90	38.30	PKU Go [OH]

■ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Restricted benefit

Phenylketonuria

amino acid formula with fat, carbohydrate, vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine and supplemented with docosahexaenoic acid oral liquid, 20 x 500 mL bottles

10822N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*633.22	38.30	PKU Baby [OH]

■ ATOMOXETINE

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.

Authority required (STREAMLINED)

4578

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

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

Authority required (STREAMLINED)

6279

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be or have been diagnosed by a paediatrician or psychiatrist according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamphetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamphetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamphetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

atomoxetine 10 mg capsule, 28

9092M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*197.74	38.30	Strattera [LY]

▪ ATOMOXETINE

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.

Authority required (STREAMLINED)

6279

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be or have been diagnosed by a paediatrician or psychiatrist according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamphetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamphetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamphetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Authority required (STREAMLINED)

4578

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

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

atomoxetine 100 mg capsule, 28

9290Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	132.06	38.30	Strattera [LY]

atomoxetine 18 mg capsule, 28

9093N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*197.74	38.30	Strattera [LY]

atomoxetine 25 mg capsule, 28

9094P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*197.74	38.30	Strattera [LY]

atomoxetine 40 mg capsule, 28

9095Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*197.74	38.30	Strattera [LY]

atomoxetine 60 mg capsule, 28

9096R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*197.74	38.30	Strattera [LY]

atomoxetine 80 mg capsule, 28

9289X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	132.06	38.30	Strattera [LY]

▪ BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

betamethasone (as sodium phosphate) 2.96 mg/mL + betamethasone (as acetate) 2.71 mg/mL injection, 5 x 1 mL ampoules

5034Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	1	..	..	26.72	27.91	Celestone Chronodose [MK]

▪ BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical

practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Alopecia areata

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Granulomata

Clinical criteria:

- The condition must be dermal.

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

Restricted benefit

Lichen simplex chronicus

Restricted benefit

Chronic discoid lupus erythematosus

Restricted benefit

Necrobiosis lipidica

Restricted benefit

Uveitis

betamethasone (as sodium phosphate) 2.96 mg/mL + betamethasone (as acetate) 2.71 mg/mL injection, 5 x 1 mL ampoules

2694T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	26.72	27.91	Celestone Chronodose [MK]

▪ BETAMETHASONE DIPROPIONATE

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 (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10824Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡2	5	..	*22.24	23.43	^a Elephrat [FR]
			^B 4.90	*27.14	23.43	^a Diprosone [MK]

betamethasone (as dipropionate) 0.05% ointment, 15 g

10795E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡2	5	..	*22.24	23.43	^a Elephrat [FR]
			^B 4.90	*27.14	23.43	^a Diprosone [MK]

▪ BETAMETHASONE DIPROPIONATE

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 (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10800K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡4	5	..	*33.94	35.13	^a Elephrat [FR]
			^B 9.80	*43.74	35.13	^a Diprosone [MK]

betamethasone (as dipropionate) 0.05% ointment, 15 g

10820L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±4	5	..	*33.94	35.13	^a Eleuphrat [FR]
			^B 9.80	*43.74	35.13	^a Diprosone [MK]

■ BETAMETHASONE DIPROPIONATE**Note Continuing Therapy Only:**

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Authority required (STREAMLINED)**6218**

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10813D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±6	5	..	*45.60	38.30	^a Eleuphrat [FR]
			^B 14.70	*60.30	38.30	^a Diprosone [MK]

betamethasone (as dipropionate) 0.05% ointment, 15 g

10821M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±6	5	..	*45.60	38.30	^a Eleuphrat [FR]
			^B 14.70	*60.30	38.30	^a Diprosone [MK]

■ BETAMETHASONE DIPROPIONATE**Note Continuing Therapy Only:**

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Authority required (STREAMLINED)**6263**

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10801L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±8	5	..	*57.26	38.30	^a Eleuphrat [FR]
			^B 19.60	*76.86	38.30	^a Diprosone [MK]

betamethasone (as dipropionate) 0.05% ointment, 15 g

10816G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±8	5	..	*57.26	38.30	^a Eleuphrat [FR]
			^B 19.60	*76.86	38.30	^a Diprosone [MK]

■ BETAMETHASONE DIPROPIONATE**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 (STREAMLINED)**6231**

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10802M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±10	5	..	*68.92	38.30	^a Eleuphrat [FR]
			^B 24.50	*93.42	38.30	^a Diprosone [MK]

betamethasone (as dipropionate) 0.05% ointment, 15 g

10823P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±10	5	..	*68.92	38.30	^a Eleuphrat [FR]
			^B 24.50	*93.42	38.30	^a Diprosone [MK]

▪ **BETAMETHASONE VALERATE**

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 (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10799J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±2	5	..	*14.02	15.21	^a Cortival 1/2 [FM]
			^B 5.12	*19.14	15.21	^a Betnovate 1/2 [QA]

▪ **BETAMETHASONE VALERATE**

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 (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10794D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±4	5	..	*17.50	18.69	^a Cortival 1/2 [FM]
			^B 10.24	*27.74	18.69	^a Betnovate 1/2 [QA]

▪ **BETAMETHASONE VALERATE**

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 (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10808W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±6	5	..	*20.94	22.13	^a Cortival 1/2 [FM]
			^B 15.36	*36.30	22.13	^a Betnovate 1/2 [QA]

▪ **BETAMETHASONE VALERATE**

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 (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10807T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±8	5	..	*24.38	25.57	^a Cortival 1/2 [FM]
			^B 20.48	*44.86	25.57	^a Betnovate 1/2 [QA]

▪ **BETAMETHASONE VALERATE**

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 (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10810Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡10	5	..	*27.82	29.01	^a Cortival 1/2 [FM]
			^B 25.60	*53.42	29.01	^a Betnovate 1/2 [QA]

▪ **CLOMIPHENE**

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Restricted benefit

Anovulatory infertility

Restricted benefit

Patients undergoing in-vitro fertilisation

clomiphene citrate 50 mg tablet, 10

1211R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	34.99	36.18	^a Clomid [SW]	^a Serophene [SG]

▪ **CLOMIPRAMINE**

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.

Restricted benefit

Cataplexy

Clinical criteria:

- The condition must be associated with narcolepsy.

Restricted benefit

Obsessive-compulsive disorder

Restricted benefit

Phobic disorders

Population criteria:

- Patient must be an adult.

clomipramine hydrochloride 25 mg tablet, 50

1561E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	17.28	18.47	^a Chem mart Clomipramine [CH]	^a GenRx Clomipramine [GX]
						^a Placil [AF]	^a Terry White Chemists Clomipramine [TW]
			^B 2.74	20.02	18.47	^a Anafranil 25 [NV]	

▪ **CLONAZEPAM**

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.

Restricted benefit

Epilepsy

clonazepam 1 mg/mL injection [5 x 1 mL ampoules] (&) inert substance diluent [5 x 1 mL ampoules], 1 pack

1807D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	21.13	22.32	Rivotril [RO]

▪ **CLONAZEPAM**

Caution Abuse of clonazepam has been reported. Refer to the current product information.

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

Epilepsy

Clinical criteria:

- The condition must be neurologically proven.

clonazepam 2 mg tablet, 100

1806C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	2	..	*31.98	33.17	^a Paxam 2 [AF]
			^B 3.36	*35.34	33.17	^a Rivotril [RO]

clonazepam 2.5 mg/mL oral liquid, 10 mL

1808E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	..	..	*18.06	19.25	Rivotril [RO]

clonazepam 500 microgram tablet, 100

1805B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	2	..	*21.94	23.13	^a Paxam 0.5 [AF]
			^B 2.96	*24.90	23.13	^a Rivotril [RO]

▪ DANAZOL

Caution Pregnancy must be excluded prior to administration of this drug.

Authority required (STREAMLINED)**6293**

Endometriosis

Clinical criteria:

- The condition must be visually proven.

Authority required (STREAMLINED)**6285**

Hereditary angio-oedema

Authority required (STREAMLINED)**6259**

Intractable primary menorrhagia

Clinical criteria:

- The treatment must be for the short-term (up to 6 months).

Note Treatment of this indication is limited to 6 months. See Australian Product Information

Authority required (STREAMLINED)**6242**

Breast disease

Clinical criteria:

- The treatment must be for the short-term (up to 6 months), **AND**
- The condition must be severe benign (fibrocystic) breast disease; OR
- The condition must be mastalgia associated with severe symptomatic benign breast disease, **AND**
- The condition must be refractory to treatment with other drugs.

Note Treatment of this indication is limited to 6 months. See Australian Product Information

danazol 100 mg capsule, 100

1285P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	55.61	38.30	Azol 100 [AF]

danazol 200 mg capsule, 100

1287R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	80.13	38.30	Azol 200 [AF]

▪ DEXAMPHETAMINE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

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

Attention deficit hyperactivity disorder

Treatment must be in accordance with the law of the relevant State or Territory.

Authority required

Narcolepsy

dexamphetamine sulfate 5 mg tablet, 100

1165H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	20.99	22.18	Aspen Pharma Pty Ltd [QA]

■ DICLOFENAC

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

diclofenac sodium 25 mg tablet: enteric, 50

1299J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	..	*13.92	15.11	^a APO-Diclofenac [TX] ^a Clonac 25 [RW] ^a Diclofenac-GA [ED] ^a Fenac 25 [AF]	^a Chem mart Diclofenac [CH] ^a Diclofenac AN [EA] ^a Diclofenac Sandoz [SZ] ^a Terry White Chemists Diclofenac [TW]
			^b 2.44	*16.36	15.11	^a Voltaren 25 [NV]	

diclofenac sodium 50 mg tablet: enteric, 50

1300K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	12.89	14.08	^a APO-Diclofenac [TX] ^a Clonac 50 [RW] ^a Diclofenac-GA [ED] ^a Fenac [AF]	^a Chem mart Diclofenac [CH] ^a Diclofenac AN [EA] ^a Diclofenac Sandoz [SZ] ^a Terry White Chemists Diclofenac [TW]
			^b 2.45	15.34	14.08	^a Voltaren 50 [NV]	

■ DICLOFENAC

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

diclofenac sodium 25 mg tablet: enteric, 50

5076E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	2	..	..	*13.92	15.11	^a APO-Diclofenac [TX] ^a Clonac 25 [RW] ^a Diclofenac-GA [ED] ^a Fenac 25 [AF]	^a Chem mart Diclofenac [CH] ^a Diclofenac AN [EA] ^a Diclofenac Sandoz [SZ] ^a Terry White Chemists Diclofenac [TW]
			^b 2.44	*16.36	15.11	^a Voltaren 25 [NV]	

diclofenac sodium 50 mg tablet: enteric, 50

5077F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	12.89	14.08	^a APO-Diclofenac [TX] ^a Clonac 50 [RW] ^a Diclofenac-GA [ED] ^a Fenac [AF]	^a Chem mart Diclofenac [CH] ^a Diclofenac AN [EA] ^a Diclofenac Sandoz [SZ] ^a Terry White Chemists Diclofenac [TW]
			^b 2.45	15.34	14.08	^a Voltaren 50 [NV]	

■ DULOXETINE

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.

Restricted benefit

Major depressive disorders

duloxetine 30 mg capsule: enteric, 28

9155W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	17.10	18.29	^a Andeptra [EL] ^a Chem mart Duloxetine [CH] ^a Deotina 30 [SZ]	^a APO-Duloxetine [TX] ^a Coperin [AF] ^a Depreta 30 [DO]

^a Drulox [ED]
^a Duloxetine GH [GQ]
^a Duloxetine Sandoz [HX]
^a Terry White Chemists
 Duloxetine [TW]
^a Cymbalta [LY]

^a Duloxetine AN [EA]
^a Duloxetine RBX [RA]
^a Pharmacor Duloxetine 30 [CR]

^B3.00 20.10 18.29

duloxetine 60 mg capsule: enteric, 28

9156X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.88	21.07	^a Andeptra [EL] ^a Chem mart Duloxetine [CH] ^a Deotine 60 [SZ] ^a Drulox [ED] ^a Duloxetine GH [GQ] ^a Duloxetine Sandoz [HX] ^a Terry White Chemists Duloxetine [TW]	^a APO-Duloxetine [TX] ^a Coperin [AF] ^a Depreta 60 [DO] ^a Duloxetine AN [EA] ^a Duloxetine RBX [RA] ^a Pharmacor Duloxetine 60 [CR]
			^B 3.00	22.88	21.07	^a Cymbalta [LY]	

FLUOXETINE

Restricted benefit

Major depressive disorders

Restricted benefit

Obsessive-compulsive disorder

fluoxetine 20 mg capsule, 28

1434L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.84	16.03	^a Auscap Aspen [RW] ^a Fluoxetine 20 [CR] ^a Fluoxetine-GA [ED] ^a Fluoxetine RBX [RA] ^a GenRx Fluoxetine [GX] ^a Terry White Chemists Fluoxetine [TW]	^a Chem mart Fluoxetine [CH] ^a Fluoxetine AN [EA] ^a Fluoxetine generichealth [GQ] ^a Fluoxetine Sandoz [SZ] ^a Lovan [AL] ^a Zactin [AF]
			^B 1.36	16.20	16.03	^a Prozac 20 [LY]	

fluoxetine 20 mg tablet: dispersible, 28

8270G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.84	16.03	^a Lovan 20 Tab [AL]	^a Zactin Tablet [AF]
			^B 1.36	16.20	16.03	^a Prozac Tab [LY]	

FLUVOXAMINE

Restricted benefit

Major depressive disorders

Restricted benefit

Obsessive-compulsive disorder

fluvoxamine maleate 100 mg tablet, 30

8174F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.29	21.48	^a APO-Fluvoxamine [TX] ^a Fluvoxamine GA [EA] ^a Voxam [SZ]	^a Faverin 100 [RW] ^a Movox 100 [AF]
			^B 3.49	23.78	21.48	^a Luvox [GO]	

fluvoxamine maleate 50 mg tablet, 30

8512B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.98	18.17	^a APO-Fluvoxamine [TX] ^a Fluvoxamine GA [EA] ^a Voxam [SZ]	^a Faverin 50 [RW] ^a Movox 50 [AL]
			^B 3.50	20.48	18.17	^a Luvox [GO]	

FOLLITROPIN ALFA

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Restricted benefit

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

Population criteria:

- Patient must be male.

follitropin alfa 300 units (21.84 microgram)/0.5 mL injection, 0.5 mL cartridge

8713N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	3	5	..	*464.76	38.30	Gonal-f Pen [SG]

follitropin alfa 450 units (32.76 microgram)/0.75 mL injection, 0.75 mL cartridge

8714P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	3	5	..	*695.04	38.30	Gonal-f Pen [SG]

follitropin alfa 900 units (65.52 microgram)/1.5 mL injection, 1.5 mL cartridge

8715Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*925.28	38.30	Gonal-f Pen [SG]

▪ FOLLITROPIN BETA

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Restricted benefit

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

Population criteria:

- Patient must be male.

follitropin beta 300 units/0.36 mL injection, 0.36 mL cartridge

8565T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	3	5	..	*480.00	38.30	Puregon 300 IU/0.36 mL [MK]

follitropin beta 600 units/0.72 mL injection, 0.72 mL cartridge

8566W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*623.16	38.30	Puregon 600 IU/0.72 mL [MK]

follitropin beta 900 units/1.08 mL injection, 1.08 mL cartridge

8871X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*924.34	38.30	Puregon 900 IU/1.08 mL [MK]

▪ GESTRINONE**Authority required (STREAMLINED)****6272**

Endometriosis

Clinical criteria:

- The condition must be visually proven, **AND**
- The treatment must be for the short-term (up to 6 months).
Only 1 course of not more than 6 months' therapy may be prescribed

gestrinone 2.5 mg capsule, 8

8015W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	75.67	38.30	Dimetriose [SW]

▪ GONADOTROPHIN CHORIONIC HUMAN

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Restricted benefit

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism.

Population criteria:

- Patient must be male.

Restricted benefit

Infertility

Clinical criteria:

- The condition must be associated with isolated luteinising hormone deficiency.

Population criteria:

- Patient must be male.

Restricted benefit

Combined deficiency of human growth hormone and gonadotrophins

Clinical criteria:

- Patient must be one in whom the absence of secondary sexual characteristics indicates a lag in maturation.

Population criteria:

- Patient must be male.

Restricted benefit

Hypogonadism or delayed puberty

Clinical criteria:

- Patient must show clinical evidence of the condition, **AND**
- The treatment must not extend beyond 6 months.

Population criteria:

- Patient must be male, **AND**
- Patient must be aged 16 years or older.

gonadotrophin chorionic human 1500 units injection [3 ampoules] (&) inert substance diluent [3 x 1 mL ampoules], 1 pack

1581F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	50.98	38.30	Pregnyl [MK]

▪ HYDROCORTISONE SODIUM SUCCINATE**Restricted benefit**

For use in a hospital

hydrocortisone (as sodium succinate) 100 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

1510L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	6	..	..	*39.96	38.30	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 100 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

5118J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	6	..	..	*39.96	38.30	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 250 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

1511M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	6	..	..	*63.12	38.30	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 250 mg injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

5119K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	6	..	..	*63.12	38.30	Solu-Cortef [PF]

▪ **IBUPROFEN**

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

3190X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	3	3	..	*17.43	18.62	Brufen [GO]

▪ **IBUPROFEN**

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

5123P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	3	..	..	*17.43	18.62	Brufen [GO]

▪ **INDOMETHACIN**

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indomethacin 25 mg capsule, 50

2454E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	3	..	*16.16	17.35	^a Arthrexin [AF]
			^B 4.04	*20.20	17.35	^a Indocid [AS]

▪ **INDOMETHACIN**

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indomethacin 25 mg capsule, 50

5126T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	2	..	..	*16.16	17.35	^a Arthrexin [AF]
			^B 4.04	*20.20	17.35	^a Indocid [AS]

▪ **KETOPROFEN**

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

ketoprofen 200 mg capsule: modified release, 28

1590Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	3	..	21.59	22.78	^a Oruvail SR [AV]

^B1.92 23.51 22.78 ^a Orudis SR 200 [SW]

ketoprofen 200 mg capsule: modified release, 28

5136H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	1	..	..	21.59	22.78	^a Oruvail SR [AV]
			^B 1.92	23.51	22.78	^a Orudis SR 200 [SW]

▪ MEDROXYPROGESTERONE

Restricted benefit

Endometriosis

medroxyprogesterone acetate 10 mg tablet, 100

2722G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	2	..	33.46	34.65	^a Ralovera [FZ]
			^B 5.60	39.06	34.65	^a Provera [PF]

▪ MEFENAMIC ACID

Restricted benefit

Dysmenorrhoea

Restricted benefit

Menorrhagia

mefenamic acid 250 mg capsule, 50

1824B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	2	..	20.27	21.46	Ponstan [PF]

▪ MELOXICAM

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

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

Note Pharmaceutical benefits that have the form meloxicam tablet 7.5 mg and pharmaceutical benefits that have the form meloxicam capsule 7.5 mg are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form meloxicam tablet 15 mg and pharmaceutical benefits that have the form meloxicam capsule 15 mg are equivalent for the purposes of substitution.

Restricted benefit

Osteoarthritis

Clinical criteria:

- Patient must be symptomatic.

Restricted benefit

Rheumatoid arthritis

Clinical criteria:

- Patient must be symptomatic.

meloxicam 15 mg capsule, 30


8888T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	15.62	16.81	^a APO-Meloxicam [TX] ^a Melox 15 [EA] ^a Movalis 15 [RW]	^a Chem mart Meloxicam [CH] ^a Meloxicam Sandoz [SZ] ^a Terry White Chemists Meloxicam [TW]
			^B 2.50	18.12	16.81	^a Mobic [BY]	

meloxicam 15 mg tablet, 30

8562P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	15.62	16.81	^a APO-Meloxicam [TX] ^a Meloxiauro 15 [DO] ^a Meloxicam AN [EA] ^a Meloxicam Ranbaxy [RA] ^a Movalis 15 [RW] ^a Pharmacor Meloxicam 15 [CR]	^a Chem mart Meloxicam 15 mg [CH] ^a Meloxibell [GQ] ^a Meloxicam-GA [ED] ^a Meloxicam Sandoz [SZ] ^a Moxicam 15 [AF] ^a Terry White Chemists Meloxicam 15 mg [TW]
			^B 2.50	18.12	16.81	^a Mobic [BY]	

meloxicam 7.5 mg capsule, 30

8887R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	14.03	15.22	^a APO-Meloxicam [TX] ^a Melox 7.5 [EA]	^a Chem mart Meloxicam [CH] ^a Meloxicam Sandoz [SZ]

						^a Movalis 7.5 [RW]	^a Terry White Chemists Meloxicam [TW]
			^b 2.50	16.53	15.22	^a Mobic [BY]	
meloxicam 7.5 mg tablet, 30							
8561N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	..	14.03	15.22	^a APO-Meloxicam [TX]	^a Chem mart Meloxicam 7.5 mg [CH]
						^a Meloxiauro 7.5 [DO]	^a Meloxicam [GQ]
						^a Meloxicam AN [EA]	^a Meloxicam-GA [ED]
						^a Meloxicam Ranbaxy [RA]	^a Meloxicam Sandoz [SZ]
						^a Movalis 7.5 [RW]	^a Moxicam 7.5 [AF]
						^a Pharmacor Meloxicam 7.5 [CR]	^a Terry White Chemists Meloxicam 7.5 mg [TW]
			^b 2.50	16.53	15.22	^a Mobic [BY]	

■ METHYLPHENIDATE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

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

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

methylphenidate hydrochloride 18 mg tablet: modified release, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
2387P	1	5	..	51.20	38.30	Concerta [JC]
						

methylphenidate hydrochloride 27 mg tablet: modified release, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
2172H	1	5	..	55.34	38.30	Concerta [JC]
						

methylphenidate hydrochloride 36 mg tablet: modified release, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
2388Q	1	5	..	59.47	38.30	Concerta [JC]
						

methylphenidate hydrochloride 54 mg tablet: modified release, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
2432B	1	5	..	68.62	38.30	Concerta [JC]
						

■ METHYLPHENIDATE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

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

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours.

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

methylphenidate hydrochloride 10 mg capsule: modified release, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
3440C	1	5	..	35.18	36.37	Ritalin LA [NV]
						

methylphenidate hydrochloride 20 mg capsule: modified release, 30

2276T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	44.45	38.30	Ritalin LA [NV]

methylphenidate hydrochloride 30 mg capsule: modified release, 30

2280B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	51.91	38.30	Ritalin LA [NV]

methylphenidate hydrochloride 40 mg capsule: modified release, 30

2283E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	54.44	38.30	Ritalin LA [NV]

■ METHYLPHENIDATE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

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

Attention deficit hyperactivity disorder

Treatment must be in accordance with the law of the relevant State or Territory.

methylphenidate hydrochloride 10 mg tablet, 100

8839F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	21.04	22.23	Ritalin 10 [NV]

■ METHYLPREDNISOLONE**Restricted benefit**

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL injection, 5 x 1 mL vials

1928L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	23.62	24.81	^a Depo-Nisolone [FZ]
			^b 2.51	26.13	24.81	^a Depo-Medrol [PF]

■ METHYLPREDNISOLONE**Restricted benefit**

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL injection, 5 x 1 mL vials

5148Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	1	..	..	23.62	24.81	^a Depo-Nisolone [FZ]
			^b 2.51	26.13	24.81	^a Depo-Medrol [PF]

■ METHYLPREDNISOLONE**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.

Restricted benefit

Corticosteroid-responsive dermatoses

methylprednisolone aceponate 0.1% cream, 15 g

8054X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡1	..	..	17.13	18.32	Advantan [BN]

methylprednisolone aceponate 0.1% ointment, 15 g

8055Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡1	..	..	17.13	18.32	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

8128T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡1	..	..	17.13	18.32	Advantan [BN]

■ METHYLPREDNISOLONE**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.

Restricted benefit

Eczema

methylprednisolone aceponate 0.1% lotion, 20 g

8618N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±1	..	..	17.72	18.91	Advantan [BN]

▪ **METHYLPREDNISOLONE**

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 (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10842P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±2	5	..	*23.70	24.89	Advantan [BN]

methylprednisolone aceponate 0.1% lotion, 20 g

10856J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±2	5	..	*24.88	26.07	Advantan [BN]

methylprednisolone aceponate 0.1% ointment, 15 g

10846W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±2	5	..	*23.70	24.89	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

10848Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±2	5	..	*23.70	24.89	Advantan [BN]

▪ **METHYLPREDNISOLONE**

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 (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10855H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±4	5	..	*36.86	38.05	Advantan [BN]

methylprednisolone aceponate 0.1% lotion, 20 g

10838K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±3	5	..	*32.04	33.23	Advantan [BN]

methylprednisolone aceponate 0.1% ointment, 15 g

10836H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±4	5	..	*36.86	38.05	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

10840M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±4	5	..	*36.86	38.05	Advantan [BN]

▪ **METHYLPREDNISOLONE**

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 (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10833E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡10	5	..	*76.22	38.30	Advantan [BN]

methylprednisolone aceponate 0.1% lotion, 20 g

10830B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡5	5	..	*46.37	38.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment, 15 g

10845T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡10	5	..	*76.22	38.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

10843Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡10	5	..	*76.22	38.30	Advantan [BN]

▪ **METHYLPREDNISOLONE**

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 (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10835G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡6	5	..	*49.98	38.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment, 15 g

10853F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡6	5	..	*49.98	38.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

10844R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡6	5	..	*49.98	38.30	Advantan [BN]

▪ **METHYLPREDNISOLONE**

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 (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

methylprednisolone aceponate 0.1% cream, 15 g

10851D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡8	5	..	*63.10	38.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment, 15 g

10834F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡8	5	..	*63.10	38.30	Advantan [BN]

methylprednisolone aceponate 0.1% ointment: fatty, 15 g

10839L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±8	5	..	*63.10	38.30	Advantan [BN]

■ METHYLPREDNISOLONE**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 (STREAMLINED)**6263**

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

Authority required (STREAMLINED)**6218**

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

methylprednisolone aceponate 0.1% lotion, 20 g

10852E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±4	5	..	*39.22	38.30	Advantan [BN]

■ MIANSERIN

Caution Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.

Note Continuing Therapy Only:

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

Restricted benefit

Severe depression

mianserin hydrochloride 10 mg tablet, 50

1627P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	18.36	19.55	Lumin 10 [AF]

mianserin hydrochloride 20 mg tablet, 50

1628Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	27.01	28.20	Lumin 20 [AF]

■ MIRTAZAPINE**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.

Restricted benefit

Major depressive disorders

MIRTAZAPINE Tablet 15 mg (orally disintegrating), 30

8855C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.42	16.61	^a Milivin OD 15 [DO]	^a Mirtazapine AN ODT [EA]
						^a Mirtazapine Sandoz ODT 15 [SZ]	^a Remeron SolTab [AF]
			^b 1.20	16.62	16.61	^a Avanza SolTab [MK]	

MIRTAZAPINE Tablet 30 mg (orally disintegrating), 30

8856D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.03	18.22	^a Milivin OD 30 [DO]	^a Mirtazapine AN ODT [EA]
						^a Mirtazapine Sandoz ODT 30 [SZ]	^a Remeron SolTab [AF]
			^b 1.20	18.23	18.22	^a Avanza SolTab [MK]	

MIRTAZAPINE Tablet 45 mg (orally disintegrating), 30

8857E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.31	21.50	^a Milivin OD 45 [DO]	^a Mirtazapine AN ODT [EA]

^a Mirtazapine Sandoz ODT 45 [SZ] ^a Remeron SolTab [AF]

^b1.20 21.51 21.50 ^a Avanza SolTab [MK]

mirtazapine 15 mg tablet, 30

9365X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.38	14.57	^a APO-Mirtazapine [TX] ^a Mirtazapine AN [EA]	^a Axit 15 [AF]

mirtazapine 30 mg tablet, 30

8513C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.79	15.98	^a APO-Mirtazapine [TX] ^a Axit 30 [AF] ^a GenRx Mirtazapine [GX] ^a Mirtazapine-GA [ED] ^a Mirtazapine Sandoz [SZ] ^a Terry White Chemists Mirtazapine [TW]	^a Aurozapine 30 [DO] ^a Chem mart Mirtazapine [CH] ^a Mirtazapine AN [EA] ^a Mirtazapine GH [GQ] ^a Mirtazon [RW]
			^b 3.50	18.29	15.98	^a Avanza [MK]	

mirtazapine 45 mg tablet, 30

8883M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.60	18.79	^a APO-Mirtazapine [TX] ^a Axit 45 [AF] ^a Mirtazapine AN [EA] ^a Mirtazapine GH [GQ] ^a Mirtazon [RW]	^a Aurozapine 45 [DO] ^a Chem mart Mirtazapine [CH] ^a Mirtazapine-GA [ED] ^a Mirtazapine Sandoz [SZ] ^a Terry White Chemists Mirtazapine [TW]
			^b 3.50	21.10	18.79	^a Avanza [MK]	

■ MOCLOBEMIDE

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.

Restricted benefit

Major depressive disorders

moclobemide 150 mg tablet, 60

1900B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.11	17.30	^a Amira 150 [AF] ^a GenRx Moclobemide [GX] ^a Moclobemide Sandoz [SZ]	^a Clobemix [ED] ^a Moclobemide AN [EA] ^a Mohexal [HX]
			^b 0.32	16.43	17.30	^a Aurorix [HM]	

moclobemide 300 mg tablet, 60

8003F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	21.24	22.43	^a Amira 300 [AF] ^a GenRx Moclobemide [GX] ^a Moclobemide Sandoz [SZ]	^a Clobemix [ED] ^a Moclobemide AN [EA]
			^b 0.64	21.88	22.43	^a Aurorix 300 mg [HM]	

■ MOMETASONE

Note Continuing Therapy Only:

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Restricted benefit

Corticosteroid-responsive dermatoses

mometasone furoate 0.1% cream, 15 g

1913Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	..	..	14.70	15.89	^a Momasone [QA]	^a Novasone [AF]
			^b 2.70	17.40	15.89	^a Elocon [MK]	

mometasone furoate 0.1% lotion, 30 mL

8043H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	..	..	17.09	18.28	^a Momasone [QA] ^a Zatamil [EO]	^a Novasone [AF]

^B2.70 19.79 18.28 ^a Elocon [MK]

mometasone furoate 0.1% ointment, 15 g

1915T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	14.70	15.89	^a Novasone [AF]	^a Zatamil [EO]
			^B 2.70	17.40	15.89	^a Elocon [MK]	

▪ **MOMETASONE**

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10827W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	..	*18.84	20.03	^a Momasone [QA]	^a Novasone [AF]
			^B 5.40	*24.24	20.03	^a Elocon [MK]	

mometasone furoate 0.1% lotion, 30 mL

10819K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	..	*23.62	24.81	^a Momasone [QA]	^a Novasone [AF]
						^a Zatamil [EO]	
			^B 5.40	*29.02	24.81	^a Elocon [MK]	

mometasone furoate 0.1% ointment, 15 g

10812C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡2	5	..	*18.84	20.03	^a Novasone [AF]	^a Zatamil [EO]
			^B 5.40	*24.24	20.03	^a Elocon [MK]	

▪ **MOMETASONE**

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 (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10809X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡4	5	..	*27.14	28.33	^a Momasone [QA]	^a Novasone [AF]
			^B 10.80	*37.94	28.33	^a Elocon [MK]	

mometasone furoate 0.1% lotion, 30 mL

10826T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡3	5	..	*30.15	31.34	^a Momasone [QA]	^a Novasone [AF]
						^a Zatamil [EO]	
			^B 8.10	*38.25	31.34	^a Elocon [MK]	

mometasone furoate 0.1% ointment, 15 g

10814E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡4	5	..	*27.14	28.33	^a Novasone [AF]	^a Zatamil [EO]
			^B 10.80	*37.94	28.33	^a Elocon [MK]	

▪ **MOMETASONE**

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 (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10815F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±6	5	..	*35.40	36.59	^a Momasone [QA]	^a Novasone [AF]
			^B 16.20	*51.60	36.59	^a Elocon [MK]	

mometasone furoate 0.1% ointment, 15 g

10828X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±6	5	..	*35.40	36.59	^a Novasone [AF]	^a Zetamil [EO]
			^B 16.20	*51.60	36.59	^a Elocon [MK]	

■ MOMETASONE**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 (STREAMLINED)**6263**

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10818J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±8	5	..	*43.66	38.30	^a Momasone [QA]	^a Novasone [AF]
			^B 21.60	*65.26	38.30	^a Elocon [MK]	

mometasone furoate 0.1% ointment, 15 g

10793C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±8	5	..	*43.66	38.30	^a Novasone [AF]	^a Zetamil [EO]
			^B 21.60	*65.26	38.30	^a Elocon [MK]	

■ MOMETASONE**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 (STREAMLINED)**6231**

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

mometasone furoate 0.1% cream, 15 g

10792B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±10	5	..	*51.92	38.30	^a Momasone [QA]	^a Novasone [AF]
			^B 27.00	*78.92	38.30	^a Elocon [MK]	

mometasone furoate 0.1% lotion, 30 mL

10804P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±5	5	..	*43.22	38.30	^a Momasone [QA]	^a Novasone [AF]
						^a Zetamil [EO]	
			^B 13.50	*56.72	38.30	^a Elocon [MK]	

mometasone furoate 0.1% ointment, 15 g

10791Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±10	5	..	*51.92	38.30	^a Novasone [AF]	^a Zetamil [EO]
			^B 27.00	*78.92	38.30	^a Elocon [MK]	

■ MOMETASONE**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 (STREAMLINED)**6263**

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

Authority required (STREAMLINED)**6218**

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

mometasone furoate 0.1% lotion, 30 mL

10805Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±4	5	..	*36.70	37.89	^a Momasone [QA]	^a Novasone [AF]
						^a Zatamil [EO]	
			^B 10.80	*47.50	37.89	^a Elocon [MK]	

■ NORTRIPTYLINE**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.

Restricted benefit

Major depression

Clinical criteria:

- The treatment must be for use when other anti-depressant therapy has failed.

Restricted benefit

Major depression

Clinical criteria:

- The treatment must be for use when other anti-depressant therapy is contraindicated.

nortriptyline 10 mg tablet, 50

2522R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	2	..	16.26	17.45	Allegron [RW]

nortriptyline 25 mg tablet, 50

2523T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	2	..	17.73	18.92	Allegron [RW]

■ OXAZEPAM**Authority required**

Malignant neoplasia (late stage)

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

oxazepam 15 mg tablet, 25

3134Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*13.40	14.59	^a Alepam 15 [AF]
			^B 5.32	*18.72	14.59	^a Serepax [QA]

oxazepam 30 mg tablet, 25

3135B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*12.72	13.91	^a Alepam 30 [AF]	^a APO-Oxazepam [TX]
						^a Murelax [RW]	
			^B 4.66	*17.38	13.91	^a Serepax [QA]	

■ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

oxybutynin hydrochloride 5 mg tablet, 100

8039D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.68	17.87	^a Ditropan [SW]	^a Oxybutynin Sandoz [SZ]

■ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

Clinical criteria:

- Patient must be unable to tolerate oral oxybutynin; OR
- Patient must be unable to swallow oral oxybutynin.

oxybutynin 3.9 mg/24 hours patch, 8

9454N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±1	5	..	35.61	36.80	Oxytrol [AG]

■ PARACETAMOL

Note Pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 96 and pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 192 are equivalent for the purposes of substitution.

Restricted benefit

Persistent pain

Clinical criteria:

- The condition must be associated with osteoarthritis.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 665 mg tablet: modified release, 192

10797G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	18.02	19.21	^a Osteomol 665 Paracetamol [CR]

paracetamol 665 mg tablet: modified release, 96

8814X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*18.02	19.21	^a Osteomol 665 Paracetamol [CR]

■ PAROXETINE

Note Pharmaceutical benefits that have the form paroxetine tablet 20 mg (as hydrochloride) and pharmaceutical benefits that have the form paroxetine tablet 20 mg (as mesilate) are equivalent for the purposes of substitution.

Restricted benefit

Major depressive disorders

Restricted benefit

Obsessive-compulsive disorder

Restricted benefit

Panic disorder

paroxetine 20 mg tablet, 30

2242B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.50	16.69	^a Chem mart Paroxetine [CH] ^a GenRx Paroxetine [GX] ^a Paroxetine AN [EA] ^a Paroxetine Sandoz [SZ] ^a Roxet 20 [DO]	^a Extine 20 [RW] ^a Paroxetine Actavis [ED] ^a Paroxetine GH [GQ] ^a Paxtine [AF] ^a Terry White Chemists Paroxetine [TW]
			^b 2.19	17.69	16.69	^a Aropax [AS]	

paroxetine 20 mg tablet, 30

9197C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	15.50	16.69	^a Paroxetine generichealth [GQ]

■ PHENELZINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

Restricted benefit

Depression

Clinical criteria:

- The treatment must be for when all other anti-depressant therapy has failed; OR
- The treatment must be for when all other anti-depressant therapy is inappropriate.

phenelzine 15 mg tablet, 100

2856H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	91.46	38.30	Nardil [LM]

■ PHENOBARBITONE

Note Continuing Therapy Only:

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Restricted benefit

Epilepsy

phenobarbitone 30 mg tablet, 200

1850J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	4	..	18.97	20.16	Phenobarbitone Aspen [RW]

phenobarbitone sodium 219 mg/mL injection, 5 x 1 mL ampoules

2138M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	37.49	38.30	Fawns and McAllan Proprietary Limited [FM]

■ PIROXICAM

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

piroxicam 10 mg capsule, 50

1897W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	15.59	16.78	^a Chem mart Piroxicam [CH] ^a Mobilis 10 [AF]	^a GenRx Piroxicam [GX] ^a Terry White Chemists Piroxicam [TW]
			^b 6.08	21.67	16.78	^a Feldene [PF]	

piroxicam 10 mg capsule, 50

5203W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	15.59	16.78	^a Chem mart Piroxicam [CH] ^a Mobilis 10 [AF]	^a GenRx Piroxicam [GX] ^a Terry White Chemists Piroxicam [TW]
			^b 6.08	21.67	16.78	^a Feldene [PF]	

piroxicam 10 mg tablet: dispersible, 50

1895R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	3	..	15.59	16.78	Mobilis D-10 [AF]

piroxicam 10 mg tablet: dispersible, 50

5201R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	1	..	..	15.59	16.78	Mobilis D-10 [AF]

piroxicam 20 mg capsule, 25

1898X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	15.34	16.53	^a Chem mart Piroxicam [CH] ^a Mobilis 20 [AF]	^a GenRx Piroxicam [GX] ^a Terry White Chemists Piroxicam [TW]
			^b 5.86	21.20	16.53	^a Feldene [PF]	

piroxicam 20 mg capsule, 25

5204X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	15.34	16.53	^a Chem mart Piroxicam [CH] ^a Mobilis 20 [AF]	^a GenRx Piroxicam [GX] ^a Terry White Chemists Piroxicam [TW]
			^b 5.86	21.20	16.53	^a Feldene [PF]	

piroxicam 20 mg tablet: dispersible, 25

1896T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	3	..	15.34	16.53	^a Mobilis D-20 [AF]
			^b 6.86	22.20	16.53	^a Feldene-D [PF]

piroxicam 20 mg tablet: dispersible, 25

5202T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	1	..	..	15.34	16.53	^a Mobilis D-20 [AF]
			^b 6.86	22.20	16.53	^a Feldene-D [PF]

▪ **PROPANTHELINE**

Restricted benefit

Detrusor overactivity

proprantheline bromide 15 mg tablet, 100

1953T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*27.12	28.31	Pro-Banthine [RW]

▪ **REBOXETINE**

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.

Restricted benefit

Major depressive disorders

reboxetine 4 mg tablet, 60

8583R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	37.27	38.30	Edronax [PF]

▪ **SERTRALINE**

Restricted benefit

Major depressive disorders

sertraline 100 mg tablet, 30

2237R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	12.56	13.75	^a APO-Sertraline [TX]	^a Auro-Sertraline 100 [DO]
						^a Chem mart Sertraline [CH]	^a Eleva 100 [AF]
						^a GenRx Sertraline [GX]	^a Sertra 100 [RW]
						^a Sertracor 100 [CR]	^a Sertraline Actavis [ED]
						^a Sertraline AN [EA]	^a Sertraline generichealth [GQ]
						^a Sertraline Sandoz [SZ]	^a Setrona [RA]
						^a Terry White Chemists Sertraline [TW]	^a Xydep 100 [EF]
^b 5.28	17.84	13.75	^a Zoloft [PF]				

sertraline 50 mg tablet, 30

2236Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	12.56	13.75	^a APO-Sertraline [TX]	^a Auro-Sertraline 50 [DO]
						^a Chem mart Sertraline [CH]	^a Eleva 50 [AF]
						^a GenRx Sertraline [GX]	^a Sertra 50 [RW]
						^a Sertracor 50 [CR]	^a Sertraline Actavis [ED]
						^a Sertraline AN [EA]	^a Sertraline generichealth [GQ]
						^a Sertraline Sandoz [SZ]	^a Setrona [RA]
						^a Terry White Chemists Sertraline [TW]	^a Xydep 50 [EF]
^b 5.28	17.84	13.75	^a Zoloft [PF]				

▪ **SERTRALINE**

Restricted benefit

Obsessive-compulsive disorder

Restricted benefit

Panic disorder

Clinical criteria:

- The treatment must be for use when other treatments have failed; OR
- The treatment must be for use when other treatments are inappropriate.

sertraline 100 mg tablet, 30

8837D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	12.56	13.75	^a Auro-Sertraline 100 [DO] ^a Sertraline Actavis [ED] ^a Xydep 100 [EF]	^a Eleva 100 [AF] ^a Sertraline AN [EA]
			^b 5.28	17.84	13.75	^a Zolofl [PF]	

sertraline 50 mg tablet, 30

8836C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	12.56	13.75	^a Auro-Sertraline 50 [DO] ^a Sertraline Actavis [ED] ^a Xydep 50 [EF]	^a Eleva 50 [AF] ^a Sertraline AN [EA]
			^b 5.28	17.84	13.75	^a Zolofl [PF]	

■ TRASTUZUMAB

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Locally advanced HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

Authority required

Early HER2 positive breast cancer

Treatment Phase: Continuing treatment (3 weekly regimen)

Clinical criteria:

- Patient must have previously received treatment with PBS-subsidised trastuzumab, **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, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10682F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	3	..	2943.73	38.30	Herceptin SC [RO]

■ TRASTUZUMAB

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Locally advanced HER2 positive breast cancer

Treatment Phase: Initial treatment (3 weekly regimen)

Clinical criteria:

- Patient must commence treatment concurrently with neoadjuvant chemotherapy, **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, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:
 - (i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and
 - (ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

Authority required

Early HER2 positive breast cancer

Treatment Phase: Initial treatment (3 weekly regimen)

Clinical criteria:

- Patient must commence treatment concurrently with adjuvant chemotherapy, **AND**
- Patient must have undergone surgery, **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, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy. HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Authority applications for initial treatment must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Early Breast Cancer - PBS Supporting Information Form which includes:
 - (i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and
 - (ii) a copy of the signed patient acknowledgement form.

Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10721G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	2943.73	38.30	Herceptin SC [RO]

▪ **TRASTUZUMAB**

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).

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

Applications for authority to prescribe should be forwarded to:

Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Special Pricing Arrangements apply.

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 not be in combination with nab-paclitaxel, **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 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 patient has Stage IV disease.

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.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10798H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	2943.73	38.30	Herceptin SC [RO]

■ TRASTUZUMAB

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).

Note Special Pricing Arrangements apply.

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 not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

Where a patient has a break in trastuzumab therapy of more than 1 week from when the last dose was due, authority approval will be granted for a new loading dose.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), at 3 monthly intervals during treatment.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10803N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	3	..	2943.73	38.30	Herceptin SC [RO]

■ TRASTUZUMAB

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).

Note Special Pricing Arrangements apply.

Authority required

HER2 positive breast cancer

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition before 1 July 2015, **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.

trastuzumab 600 mg/5 mL injection, 5 mL vial

10825R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	3	..	2943.73	38.30	Herceptin SC [RO]

■ TRIAMCINOLONE**Restricted benefit**

Corticosteroid-responsive dermatoses

triamcinolone acetonide 0.02% cream, 100 g

2117K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	..	..	*17.50	18.69	^a Tricortone [FM]
			^b 3.28	*20.78	18.69	^a Aristocort 0.02% [QA]

triamcinolone acetonide 0.02% ointment, 100 g

2118L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	..	..	*17.50	18.69	^a Tricortone [FM]
			^b 3.28	*20.78	18.69	^a Aristocort 0.02% [QA]

■ TRIAMCINOLONE**Restricted benefit**

Local intra-articular or peri-articular infiltration

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

5233K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	1	..	..	26.72	27.91	Kenacort-A10 [QA]

▪ **TRIAMCINOLONE**

Note Shared Care Model:

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

Restricted benefit

Alopecia areata

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Granulomata

Clinical criteria:

- The condition must be dermal.

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

Restricted benefit

Lichen simplex chronicus

Restricted benefit

Chronic discoid lupus erythematosus

Restricted benefit

Necrobiosis lipoidica

Restricted benefit

Psoriasis

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

2990J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	26.72	27.91	Kenacort-A10 [QA]

Palliative Care

■ PARACETAMOL

Note Pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 96 and pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 192 are equivalent for the purposes of substitution.

Restricted benefit

Analgesia or fever

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- Patient must be intolerant to alternative therapy.

paracetamol 665 mg tablet: modified release, 192

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10796F NP	1	3	..	18.02	19.21	^a Osteomol 665 Paracetamol [CR]

paracetamol 665 mg tablet: modified release, 96

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
5343F NP	2	3	..	*18.02	19.21	^a Osteomol 665 Paracetamol [CR]

Highly Specialised Drugs Program (Private Hospital)

▪ DARBEPOETIN ALFA

Authority required

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

darbepoetin alfa 10 microgram/0.4 mL injection, 4 x 0.4 mL syringes

6320P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*358.84	Aranesp [AN]

darbepoetin alfa 100 microgram/0.5 mL injection, 0.5 mL syringe

6492Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*2536.46	Aranesp SureClick [AN]

darbepoetin alfa 100 microgram/0.5 mL injection, 4 x 0.5 mL syringes

6326Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*2536.50	Aranesp [AN]

darbepoetin alfa 150 microgram/0.3 mL injection, 0.3 mL syringe

6493R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*3756.30	Aranesp SureClick [AN]

darbepoetin alfa 150 microgram/0.3 mL injection, 4 x 0.3 mL syringes

6365B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*3756.30	Aranesp [AN]

darbepoetin alfa 20 microgram/0.5 mL injection, 0.5 mL syringe

6488L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*669.66	Aranesp SureClick [AN]

darbepoetin alfa 20 microgram/0.5 mL injection, 4 x 0.5 mL syringes

6321Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*669.58	Aranesp [AN]

darbepoetin alfa 30 microgram/0.3 mL injection, 4 x 0.3 mL syringes

6322R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*913.46	Aranesp [AN]

darbepoetin alfa 40 microgram/0.4 mL injection, 0.4 mL syringe

6489M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*1104.94	Aranesp SureClick [AN]

darbepoetin alfa 40 microgram/0.4 mL injection, 4 x 0.4 mL syringes

6323T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1104.94	Aranesp [AN]

darbepoetin alfa 50 microgram/0.5 mL injection, 4 x 0.5 mL syringes

6324W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1354.96	Aranesp [AN]

darbepoetin alfa 60 microgram/0.3 mL injection, 0.3 mL syringe

6490N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*1582.86	Aranesp SureClick [AN]

darbepoetin alfa 60 microgram/0.3 mL injection, 4 x 0.3 mL syringes

6325X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1582.84	Aranesp [AN]

darbepoetin alfa 80 microgram/0.4 mL injection, 0.4 mL syringe

6491P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*2068.62	Aranesp SureClick [AN]

darbepoetin alfa 80 microgram/0.4 mL injection, 4 x 0.4 mL syringes

6438W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*2068.62	Aranesp [AN]

▪ DOXORUBICIN HYDROCHLORIDE-PEGYLATED LIPOSOMAL**Authority required**

Kaposi sarcoma

Clinical criteria:

- The condition must be AIDS-related, **AND**
- Patient must have a CD4 cell count of less than 200 per cubic millimetre, **AND**
- The condition must include extensive mucocutaneous involvement.

Authority required

Kaposi sarcoma

Clinical criteria:

- The condition must be AIDS-related, **AND**
- Patient must have a CD4 cell count of less than 200 per cubic millimetre, **AND**
- The condition must include extensive visceral involvement.

doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial

6249X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	4	5	..	*1747.98	^a Caelyx [JC]	^a Liposomal Doxorubicin SUN [RA]

▪ EPOETIN ALFA**Authority required**

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

epoetin alfa 10 000 units/mL injection, 6 x 1 mL syringes

6207Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1918.80	Eprex 10000 [JC]

epoetin alfa 1000 units/0.5 mL injection, 6 x 0.5 mL syringes

6251B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*282.98	Eprex 1000 [JC]

epoetin alfa 20 000 units/0.5 mL injection, 6 x 0.5 mL syringes

6434P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*3729.22	Eprex 20,000 [JC]

epoetin alfa 2000 units/0.5 mL injection, 6 x 0.5 mL syringes

6204M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*517.62	Eprex 2000 [JC]

epoetin alfa 3000 units/0.3 mL injection, 6 x 0.3 mL syringes

6205N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*665.92	Eprex 3000 [JC]

epoetin alfa 40 000 units/mL injection, 1 mL syringe

6339P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1238.32	Eprex 40,000 [JC]

epoetin alfa 4000 units/0.4 mL injection, 6 x 0.4 mL syringes

6206P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*846.14	Eprex 4000 [JC]

epoetin alfa 5000 units/0.5 mL injection, 6 x 0.5 mL syringes

6302Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1051.50	Eprex 5000 [JC]

epoetin alfa 6000 units/0.6 mL injection, 6 x 0.6 mL syringes

6303R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1239.40	Eprex 6000 [JC]

epoetin alfa 8000 units/0.8 mL injection, 6 x 0.8 mL syringes

6305W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1593.54	Eprex 8000 [JC]

■ EPOETIN BETA**Authority required**

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

epoetin beta 10 000 units/0.6 mL injection, 6 x 0.6 mL syringes

6485H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1918.80	NeoRecormon [RO]

epoetin beta 2000 units/0.3 mL injection, 6 x 0.3 mL syringes

6480C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*517.62	NeoRecormon [RO]

epoetin beta 3000 units/0.3 mL injection, 6 x 0.3 mL syringes

6481D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*665.92	NeoRecormon [RO]

epoetin beta 4000 units/0.3 mL injection, 6 x 0.3 mL syringes

6482E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*846.14	NeoRecormon [RO]

epoetin beta 5000 units/0.3 mL injection, 6 x 0.3 mL syringes

6483F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1051.52	NeoRecormon [RO]

epoetin beta 6000 units/0.3 mL injection, 6 x 0.3 mL syringes

6484G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1239.40	NeoRecormon [RO]

■ EPOETIN LAMBDA**Note** Epoetin lambda should only be administered by the intravenous route.**Authority required**

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

epoetin lambda 10 000 units/mL injection, 6 x 1 mL syringes

9595B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1820.30	Novicrit [SZ]

epoetin lambda 1000 units/0.5 mL injection, 6 x 0.5 mL syringes

9685R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*268.46	Novicrit [SZ]

epoetin lambda 2000 units/mL injection, 6 x 1 mL syringes

9686T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*490.74	Novicrit [SZ]

epoetin lambda 3000 units/0.3 mL injection, 6 x 0.3 mL syringes

9687W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*631.24	Novicrit [SZ]

epoetin lambda 4000 units/0.4 mL injection, 6 x 0.4 mL syringes

9688X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*801.98	Novicrit [SZ]

epoetin lambda 5000 units/0.5 mL injection, 6 x 0.5 mL syringes

9588P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*996.70	Novicrit [SZ]

epoetin lambda 6000 units/0.6 mL injection, 6 x 0.6 mL syringes

9590R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1176.64	Novicrit [SZ]

epoetin lambda 8000 units/0.8 mL injection, 6 x 0.8 mL syringes

9593X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1512.14	Novicrit [SZ]

■ INTERFERON GAMMA-1B**Authority required**

Chronic granulomatous disease

Clinical criteria:

- Patient must have frequent and severe infections despite adequate prophylaxis with antimicrobial agents.

interferon gamma-1b 2 million units (100 microgram)/0.5 mL injection, 6 x 0.5 mL vials

6148N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	11	..	*2632.74	Imukin [BY]

■ METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA**Authority required**

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

methoxy polyethylene glycol-epoetin beta 100 microgram/0.3 mL injection, 1 x 0.3 mL syringe

9577C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1147.90	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 120 microgram/0.3 mL injection, 1 x 0.3 mL syringe

9578D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1321.58	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 200 microgram/0.3 mL injection, 1 x 0.3 mL syringe

9579E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1875.10	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 30 microgram/0.3 mL injection, 1 x 0.3 mL syringe

9574X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*371.76	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 360 microgram/0.6 mL injection, 1 x 0.6 mL syringe

9580F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*3207.22	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 50 microgram/0.3 mL injection, 1 x 0.3 mL syringe

9575Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*614.94	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 75 microgram/0.3 mL injection, 1 x 0.3 mL syringe

9576B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*892.28	Mircera [RO]

Highly Specialised Drugs Program (Public Hospital)

▪ DARBEPOETIN ALFA

Authority required (STREAMLINED)

6294

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

darbepoetin alfa 10 microgram/0.4 mL injection, 4 x 0.4 mL syringes

5637Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*338.28	Aranesp [AN]

darbepoetin alfa 100 microgram/0.5 mL injection, 0.5 mL syringe

5649H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*2489.44	Aranesp SureClick [AN]

darbepoetin alfa 100 microgram/0.5 mL injection, 4 x 0.5 mL syringes

5651K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*2489.48	Aranesp [AN]

darbepoetin alfa 150 microgram/0.3 mL injection, 0.3 mL syringe

5650J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*3709.28	Aranesp SureClick [AN]

darbepoetin alfa 150 microgram/0.3 mL injection, 4 x 0.3 mL syringes

5643B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*3709.28	Aranesp [AN]

darbepoetin alfa 20 microgram/0.5 mL injection, 0.5 mL syringe

5645D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*637.12	Aranesp SureClick [AN]

darbepoetin alfa 20 microgram/0.5 mL injection, 4 x 0.5 mL syringes

5638R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*637.08	Aranesp [AN]

darbepoetin alfa 30 microgram/0.3 mL injection, 4 x 0.3 mL syringes

5639T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*871.58	Aranesp [AN]

darbepoetin alfa 40 microgram/0.4 mL injection, 0.4 mL syringe

5646E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*1057.92	Aranesp SureClick [AN]

darbepoetin alfa 40 microgram/0.4 mL injection, 4 x 0.4 mL syringes

5640W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1057.92	Aranesp [AN]

darbepoetin alfa 50 microgram/0.5 mL injection, 4 x 0.5 mL syringes

5641X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1307.94	Aranesp [AN]

darbepoetin alfa 60 microgram/0.3 mL injection, 0.3 mL syringe

5647F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*1535.84	Aranesp SureClick [AN]

darbepoetin alfa 60 microgram/0.3 mL injection, 4 x 0.3 mL syringes

5642Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1535.82	Aranesp [AN]

darbepoetin alfa 80 microgram/0.4 mL injection, 0.4 mL syringe

5648G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	8	5	..	*2021.60	Aranesp SureClick [AN]

darbepoetin alfa 80 microgram/0.4 mL injection, 4 x 0.4 mL syringes

5644C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*2021.60	Aranesp [AN]

■ DOXORUBICIN HYDROCHLORIDE-PEGYLATED LIPOSOMAL**Authority required (STREAMLINED)****6234**

Kaposi sarcoma

Clinical criteria:

- The condition must be AIDS-related, **AND**
- Patient must have a CD4 cell count of less than 200 per cubic millimetre, **AND**
- The condition must include extensive mucocutaneous involvement.

Authority required (STREAMLINED)**6274**

Kaposi sarcoma

Clinical criteria:

- The condition must be AIDS-related, **AND**
- Patient must have a CD4 cell count of less than 200 per cubic millimetre, **AND**
- The condition must include extensive visceral involvement.

doxorubicin hydrochloride-pegylated liposomal 20 mg/10 mL injection, 1 x 10 mL vial

5705G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	4	5	..	*1700.96	^a Caelyx [JC]	^a Liposomal Doxorubicin SUN [RA]

■ EPOETIN ALFA**Authority required (STREAMLINED)****6294**

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

epoetin alfa 10 000 units/mL injection, 6 x 1 mL syringes

5722E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1871.78	Epex 10000 [JC]

epoetin alfa 1000 units/0.5 mL injection, 6 x 0.5 mL syringes

5714R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*265.34	Epex 1000 [JC]

epoetin alfa 20 000 units/0.5 mL injection, 6 x 0.5 mL syringes

5713Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*3682.20	Epex 20,000 [JC]

epoetin alfa 2000 units/0.5 mL injection, 6 x 0.5 mL syringes

5719B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*490.96	Epex 2000 [JC]

epoetin alfa 3000 units/0.3 mL injection, 6 x 0.3 mL syringes

5720C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*633.56	Eprex 3000 [JC]

epoetin alfa 40 000 units/mL injection, 1 mL syringe

5718Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1191.30	Eprex 40,000 [JC]

epoetin alfa 4000 units/0.4 mL injection, 6 x 0.4 mL syringes

5721D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*806.84	Eprex 4000 [JC]

epoetin alfa 5000 units/0.5 mL injection, 6 x 0.5 mL syringes

5715T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1004.48	Eprex 5000 [JC]

epoetin alfa 6000 units/0.6 mL injection, 6 x 0.6 mL syringes

5716W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1192.38	Eprex 6000 [JC]

epoetin alfa 8000 units/0.8 mL injection, 6 x 0.8 mL syringes

5717X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1546.52	Eprex 8000 [JC]

■ EPOETIN BETA**Authority required (STREAMLINED)****6294**

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

epoetin beta 10 000 units/0.6 mL injection, 6 x 0.6 mL syringes

5729M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1871.78	NeoRecormon [RO]

epoetin beta 2000 units/0.3 mL injection, 6 x 0.3 mL syringes

5724G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*490.96	NeoRecormon [RO]

epoetin beta 3000 units/0.3 mL injection, 6 x 0.3 mL syringes

5725H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*633.56	NeoRecormon [RO]

epoetin beta 4000 units/0.3 mL injection, 6 x 0.3 mL syringes

5726J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*806.84	NeoRecormon [RO]

epoetin beta 5000 units/0.3 mL injection, 6 x 0.3 mL syringes

5727K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1004.50	NeoRecormon [RO]

epoetin beta 6000 units/0.3 mL injection, 6 x 0.3 mL syringes

5728L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1192.38	NeoRecormon [RO]

■ EPOETIN LAMBDA**Note** Epoetin lambda should only be administered by the intravenous route.**Authority required (STREAMLINED)****6245**

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**

- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

epoetin lambda 10 000 units/mL injection, 6 x 1 mL syringes

9596C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1773.28	Novicrit [SZ]

epoetin lambda 1000 units/0.5 mL injection, 6 x 0.5 mL syringes

9668W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*251.38	Novicrit [SZ]

epoetin lambda 2000 units/mL injection, 6 x 1 mL syringes

9669X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*465.12	Novicrit [SZ]

epoetin lambda 3000 units/0.3 mL injection, 6 x 0.3 mL syringes

9670Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*600.22	Novicrit [SZ]

epoetin lambda 4000 units/0.4 mL injection, 6 x 0.4 mL syringes

9587N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*764.38	Novicrit [SZ]

epoetin lambda 5000 units/0.5 mL injection, 6 x 0.5 mL syringes

9589Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*951.62	Novicrit [SZ]

epoetin lambda 6000 units/0.6 mL injection, 6 x 0.6 mL syringes

9591T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1129.62	Novicrit [SZ]

epoetin lambda 8000 units/0.8 mL injection, 6 x 0.8 mL syringes

9594Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1465.12	Novicrit [SZ]

▪ INTERFERON GAMMA-1B

Authority required (STREAMLINED)

6222

Chronic granulomatous disease

Clinical criteria:

- Patient must have frequent and severe infections despite adequate prophylaxis with antimicrobial agents.

interferon gamma-1b 2 million units (100 microgram)/0.5 mL injection, 6 x 0.5 mL vials

5769P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	11	..	*2585.72	Imukin [BY]

▪ METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA

Authority required (STREAMLINED)

6294

Anaemia associated with intrinsic renal disease

Clinical criteria:

- Patient must require transfusion, **AND**
- Patient must have a haemoglobin level of less than 100 g per L, **AND**
- Patient must have intrinsic renal disease, as assessed by a nephrologist.

methoxy polyethylene glycol-epoetin beta 100 microgram/0.3 mL injection, 1 x 0.3 mL syringe

5797D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1100.88	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 120 microgram/0.3 mL injection, 1 x 0.3 mL syringe

5798E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1274.56	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 200 microgram/0.3 mL injection, 1 x 0.3 mL syringe

5799F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*1828.08	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 30 microgram/0.3 mL injection, 1 x 0.3 mL syringe

5794Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*350.72	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 360 microgram/0.6 mL injection, 1 x 0.6 mL syringe

5800G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*3160.20	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 50 microgram/0.3 mL injection, 1 x 0.3 mL syringe

5795B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*584.54	Mircera [RO]

methoxy polyethylene glycol-epoetin beta 75 microgram/0.3 mL injection, 1 x 0.3 mL syringe

5796C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	5	..	*851.22	Mircera [RO]

Repatriation Pharmaceutical Benefits Scheme

▪ DICLOFENAC + MISOPROSTOL

Authority required

Peptic ulcer

Clinical criteria:

- Patient must require non-steroidal anti-inflammatory drugs (NSAID), **AND**
- Patient must be one in whom a risk of upper gastrointestinal complications is high; OR
- Patient must have a history of peptic ulcer disease.

diclofenac sodium 50 mg + misoprostol 200 microgram tablet, 60

4190M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	2	..	37.83	6.20	Arthrotec 50 [PF]

▪ DRESSING ALGINATE WITH MANUKA HONEY

Note Suitable for yellow sloughy infected and malodorous wounds.

dressing alginate with manuka honey 10 cm x 10 cm dressing, 5

10849B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	‡1	4	..	63.03	6.20	Algivon Plus CR4225 [DJ]

dressing alginate with manuka honey 2.5 cm x 20 cm ribbon, 5

10857K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	‡1	4	..	114.32	6.20	Algivon Plus Ribbon & Probe CR4231 [DJ]

▪ DRESSING HYDROFIBRE ALTERNATE TO ALGINATES

dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10

10837J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	‡1	..	..	119.67	6.20	Aquacel Foam Non-Adhesive [CC]

dressing hydrofibre alternate to alginates 12.5 cm x 12.5 cm dressing, 10

10832D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	‡1	..	..	116.20	6.20	Aquacel Foam Adhesive [CC]

▪ HYDROCORTISONE ACETATE

Restricted benefit

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% ointment, 30 g

10831C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	‡1	1	..	15.73	6.20	Cortic-DS 1% [QA]

▪ NYSTATIN

nystatin 100 000 units/mL oral liquid, 24 mL

10854G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	‡1	1	..	18.28	6.20	Mycostatin Oral Drops [QA]

▪ **POVIDONE-IODINE**

povidone-iodine 9.5 cm x 9.5 cm dressing, 25

10847X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	‡1	2	..	77.11	6.20	Inadine [KI]

▪ **PROTEIN FORMULA WITH ARGININE, VITAMIN C AND E**

Restricted benefit

Stage 2 and above pressure injury

Clinical criteria:

- The treatment must be for special medical purposes to support healing of pressure injuries.

protein formula with arginine, vitamin C and E oral liquid: powder for, 14 x 9.2 g sachets

10850C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	4	5	..	*490.34	6.20	Arginaid [NT]

▪ **PROTEIN FORMULA WITH ARGININE, VITAMIN C, E AND ZINC**

Restricted benefit

Stage 2 and above pressure injury

Clinical criteria:

- The treatment must be for special medical purposes to support healing of pressure injuries.

protein formula with arginine, vitamin C, E and zinc oral liquid, 27 x 237 mL cartons

10841N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*415.30	6.20	Arginaid Extra [NT]