Australian Government

Department of Health

PBS

Schedule of Pharmaceutical Benefits

Summary of Changes

Effective 1 September 2016

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 September 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 September 2016. The Schedule is updated on the first day of each month and is available on the internet at www.pbs.gov.au.

Prescriber Bag

Deletions

Deletion – Brand

3496B *GenRx Salbutamol, GX* – **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules

3497C *GenRx Salbutamol, GX* – **SALBUTAMOL**, salbutamol 5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules

General Pharmaceutical Benefits

Additions

Addition – Item

10888C **EXENATIDE**, exenatide 2 mg/dose injection: modified release, 4 injection devices *(Bydureon)*

10889D **LOPERAMIDE**, loperamide hydrochloride 2 mg capsule, 12 *(Gastrex, Gastro-Stop Loperamide, Imodium)*

Addition – Brand

8188Y *GLYBOSAY, RW* – **ACARBOSE**, acarbose 50 mg tablet, 90

8189B *GLYBOSAY, RW* – **ACARBOSE**, acarbose 100 mg tablet, 90

1434L *FLUOTEX, RF* – **FLUOXETINE**, fluoxetine 20 mg capsule, 28

10792B *Elocon Alcohol Free, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

10809X *Elocon Alcohol Free, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

10815F *Elocon Alcohol Free, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

10818J *Elocon Alcohol Free, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

10827W *Elocon Alcohol Free, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

1913Q *Elocon Alcohol Free, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

9202H *APO-Quetiapine XR, TX* – **QUETIAPINE**, quetiapine 50 mg modified release tablet, 60

9372G *APO-Valsartan HCTZ 80/12.5, TX* – **VALSARTAN + HYDROCHLOROTHIAZIDE**, valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

9374J *APO-Valsartan HCTZ 160/25, TX* – **VALSARTAN + HYDROCHLOROTHIAZIDE**, valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

Deletions

Deletion – Item

10621B **HONEY BEE VENOM**, bee venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial], 1 pack *(Hymenoptera Honey Bee Venom)*

8423H **HYDROMORPHONE**, hydromorphone hydrochloride 500 mg/50 mL injection, 50 mL vial *(Dilaudid-HP)*

1703P **PHENOXYMETHYLPENICILLIN**, phenoxymethylpenicillin 250 mg tablet, 25 *(Abbocillin-VK Filmtab)*

1787C **PHENOXYMETHYLPENICILLIN**, phenoxymethylpenicillin 250 mg tablet, 25 *(Abbocillin-VK Filmtab)*

3360W **PHENOXYMETHYLPENICILLIN**, phenoxymethylpenicillin 250 mg tablet, 25 *(Abbocillin-VK Filmtab)* **(Dental)**

3028J **PHENOXYMETHYLPENICILLIN**, phenoxymethylpenicillin 500 mg tablet, 25 *(Abbocillin-VK Filmtab)*

3361X **PHENOXYMETHYLPENICILLIN**, phenoxymethylpenicillin 500 mg tablet, 25 *(Abbocillin-VK Filmtab)* **(Dental)**

Deletion – Brand

8511Y *Alendronate-GA, ED* – **ALENDRONATE**, alendronate 70 mg tablet, 4

8094B *Bicalutamide-GA, ED* – **BICALUTAMIDE**, bicalutamide 50 mg tablet, 28

2502Q *Calcitriol-GA, ED* – **CALCITRIOL**, calcitriol 0.25 microgram capsule, 100

8295N *Candesartan-GA, ED* – **CANDESARTAN**, candesartan cilexetil 4 mg tablet, 30

8296P *Candesartan-GA, ED* – **CANDESARTAN**, candesartan cilexetil 8 mg tablet, 30

8297Q *Candesartan RBX, RA* – **CANDESARTAN**, candesartan cilexetil 16 mg tablet, 30

8297Q *Candesartan-GA, ED* – **CANDESARTAN**, candesartan cilexetil 16 mg tablet, 30

8889W *Candesartan RBX, RA* – **CANDESARTAN**, candesartan cilexetil 32 mg tablet, 30

8889W *Candesartan-GA, ED* – **CANDESARTAN**, candesartan cilexetil 32 mg tablet, 30

8504N *Candesartan HCTZ RBX 16/12.5, RA* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

8504N *Candesartan HCTZ-GA 16/12.5, ED* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

9314F *Candesartan HCTZ-GA 32/12.5, ED* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

9315G *Candesartan HCTZ-GA 32/25, ED* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

8361C *Capecitabine Actavis, ED* – **CAPECITABINE**, capecitabine 150 mg tablet, 60

8362D *Capecitabine Actavis, ED* – **CAPECITABINE**, capecitabine 500 mg tablet, 120

8255L *GN-Carvedilol, ED* – **CARVEDILOL**, carvedilol 3.125 mg tablet, 30

8256M *GN-Carvedilol, ED* – **CARVEDILOL**, carvedilol 6.25 mg tablet, 60

8257N *GN-Carvedilol, ED* – **CARVEDILOL**, carvedilol 12.5 mg tablet, 60

8258P *GN-Carvedilol, ED* – **CARVEDILOL**, carvedilol 25 mg tablet, 60

1209P *Ciprofloxacin-GA, ED* – **CIPROFLOXACIN**, ciprofloxacin 500 mg tablet, 14

1210Q *Ciprofloxacin-GA, ED* – **CIPROFLOXACIN**, ciprofloxacin 750 mg tablet, 14

8702B *Citalopram-GA, ED* – **CITALOPRAM**, citalopram 10 mg tablet, 28

8220P *Citalopram-GA, EF* – **CITALOPRAM**, citalopram 20 mg tablet, 28

8703C *Citalopram-GA, EF* – **CITALOPRAM**, citalopram 40 mg tablet, 28

1211R *Serophene, SG* – **CLOMIPHENE**, clomiphene citrate 50 mg tablet, 10

1269T *Procur, ED* – **CYPROTERONE**, cyproterone acetate 50 mg tablet, 20

1270W *Procur, ED* – **CYPROTERONE**, cyproterone acetate 50 mg tablet, 50

1335G *Dilzem 60 mg, EF* – **DILTIAZEM**, diltiazem hydrochloride 60 mg tablet, 90

10779H *Doxy-100, ED* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7

2702F *Doxy-100, ED* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7

2709N *Doxy-100, ED* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7

2714W *Doxy-100, ED* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7

3321T *Doxy-100, ED* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7 **(Dental)**

9155W *Drulox, ED* – **DULOXETINE**, duloxetine 30 mg enteric capsule, 28

9156X *Drulox, ED* – **DULOXETINE**, duloxetine 60 mg enteric capsule, 28

8700X *Escitalopram GA, ED* – **ESCITALOPRAM**, escitalopram 10 mg tablet, 28

8701Y *Escitalopram GA, ED* – **ESCITALOPRAM**, escitalopram 20 mg tablet, 28

10103R *Exemestane-GA, ED* – **EXEMESTANE**, exemestane 25 mg tablet, 30

8506Q *Exemestane-GA, ED* – **EXEMESTANE**, exemestane 25 mg tablet, 30

2487X *Chem mart Famotidine, CH* – **FAMOTIDINE**, famotidine 20 mg tablet, 60

2487X *Terry White Chemists Famotidine, TW* – **FAMOTIDINE**, famotidine 20 mg tablet, 60

2488Y *Chem mart Famotidine, CH* – **FAMOTIDINE**, famotidine 40 mg tablet, 30

2488Y *Terry White Chemists Famotidine, TW* – **FAMOTIDINE**, famotidine 40 mg tablet, 30

2414C *Frusid, EA* – **FRUSEMIDE**, frusemide 20 mg tablet, 100

2412Y *Frusid, EA* – **FRUSEMIDE**, frusemide 40 mg tablet, 100

8535F *Oziclide MR, RA* – **GLICLAZIDE**, gliclazide 30 mg modified release tablet, 100

8450R *Glimepiride GA 1, ED* – **GLIMEPIRIDE**, glimepiride 1 mg tablet, 30

8451T *Glimepiride GA 2, ED* – **GLIMEPIRIDE**, glimepiride 2 mg tablet, 30

8533D *Glimepiride GA 3, ED* – **GLIMEPIRIDE**, glimepiride 3 mg tablet, 30

8452W *Glimepiride GA 4, ED* – **GLIMEPIRIDE**, glimepiride 4 mg tablet, 30

1512N *Hydroxychloroquine Actavis, ED* – **HYDROXYCHLOROQUINE**, hydroxychloroquine sulfate 200 mg tablet, 100

2420J *Tolerade 10, PQ* – **IMIPRAMINE**, imipramine hydrochloride 10 mg tablet, 50

2421K *Tolerade 25, PQ* – **IMIPRAMINE**, imipramine hydrochloride 25 mg tablet, 50

2436F *Indapamide-GA, ED* – **INDAPAMIDE**, indapamide hemihydrate 2.5 mg tablet, 90

8246B *Irbesartan-GA, EF* – **IRBESARTAN**, irbesartan 75 mg tablet, 30

8247C *Irbesartan-GA, EF* – **IRBESARTAN**, irbesartan 150 mg tablet, 30

8248D *Irbesartan-GA, EF* – **IRBESARTAN**, irbesartan 300 mg tablet, 30

8404H *Irbesartan HCTZ-GA 150/12.5, EF* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

8405J *Irbesartan HCTZ-GA 300/12.5, EF* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

2136K *Irbesartan HCTZ-GA 300/25, EF* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

1558B *Imtrate 60 mg, ED* – **ISOSORBIDE MONONITRATE**, isosorbide mononitrate 60 mg modified release tablet, 30

2848X *Lamotrigine-GA, ED* – **LAMOTRIGINE**, lamotrigine 25 mg tablet, 56

2849Y *Lamotrigine-GA, ED* – **LAMOTRIGINE**, lamotrigine 50 mg tablet, 56

2850B *Lamotrigine-GA, ED* – **LAMOTRIGINE**, lamotrigine 100 mg tablet, 56

2851C *Lamotrigine-GA, ED* – **LAMOTRIGINE**, lamotrigine 200 mg tablet, 56

2456G *Lisinopril-GA, ED* – **LISINOPRIL**, lisinopril 5 mg tablet, 30

2457H *Lisinopril-GA, ED* – **LISINOPRIL**, lisinopril 10 mg tablet, 30

2458J *Lisinopril-GA, ED* – **LISINOPRIL**, lisinopril 20 mg tablet, 30

1801T *Metformin Ranbaxy, RA* – **METFORMIN**, metformin hydrochloride 850 mg tablet, 60

1207M *Metoclopramide Actavis, ED* – **METOCLOPRAMIDE**, metoclopramide hydrochloride 10 mg tablet, 25

5151D *Metoclopramide Actavis, ED* – **METOCLOPRAMIDE**, metoclopramide hydrochloride 10 mg tablet, 25 **(Dental)**

1324Q *Metoprolol Actavis, ED* – **METOPROLOL TARTRATE**, METOPROLOL TARTRATE Tablet 50 mg, 100

1325R *Metoprolol Actavis, ED* – **METOPROLOL TARTRATE**, METOPROLOL TARTRATE Tablet 100 mg, 60

10792B *Elocon, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

10809X *Elocon, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

10815F *Elocon, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

10818J *Elocon, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

10827W *Elocon, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

1913Q *Elocon, MK* – **MOMETASONE**, mometasone furoate 0.1% cream, 15 g

8627C *Montair 4, ED* – **MONTELUKAST**, montelukast 4 mg tablet: chewable, 28

8628D *Montair 5, ED* – **MONTELUKAST**, montelukast 5 mg tablet: chewable, 28

8170B *Olanzapine-GA, ED* – **OLANZAPINE**, olanzapine 2.5 mg tablet, 28

3381Y *Olanzapine-GA ODT, ED* – **OLANZAPINE**, OLANZAPINE Tablet 5 mg (orally disintegrating), 28

8185T *Olanzapine-GA, ED* – **OLANZAPINE**, olanzapine 5 mg tablet, 28

8186W *Olanzapine-GA, ED* – **OLANZAPINE**, olanzapine 7.5 mg tablet, 28

3382B *Olanzapine-GA ODT, ED* – **OLANZAPINE**, OLANZAPINE Tablet 10 mg (orally disintegrating), 28

8187X *Olanzapine-GA, ED* – **OLANZAPINE**, olanzapine 10 mg tablet, 28

1326T *Omepro-GA, EA* – **OMEPRAZOLE**, omeprazole 20 mg capsule, 30

1327W *Omepro-GA, EA* – **OMEPRAZOLE**, omeprazole 20 mg capsule, 30

8331L *Omeprazole-GA, ED* – **OMEPRAZOLE**, omeprazole 20 mg tablet: enteric, 30

8333N *Omeprazole-GA, ED* – **OMEPRAZOLE**, omeprazole 20 mg tablet: enteric, 30

8399C *Pantoprazole-GA, EF* – **PANTOPRAZOLE**, pantoprazole 20 mg tablet: enteric, 30

8007K *Pantoprazole-GA, EF* – **PANTOPRAZOLE**, pantoprazole 40 mg tablet: enteric, 30

8008L *Pantoprazole-GA, EF* – **PANTOPRAZOLE**, pantoprazole 40 mg tablet: enteric, 30

2242B *Paroxetine Actavis, ED* – **PAROXETINE**, paroxetine 20 mg tablet, 30

5012T *Abbocillin-V, QA* – **PHENOXYMETHYLPENICILLIN**, phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL **(Dental)**

9143F *Abbocillin-V, QA* – **PHENOXYMETHYLPENICILLIN**, phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

8694N *Pioglitazone-GA, ED* – **PIOGLITAZONE**, pioglitazone 15 mg tablet, 28

8695P *Pioglitazone-GA, ED* – **PIOGLITAZONE**, pioglitazone 30 mg tablet, 28

8695P *Pizaccord, RA* – **PIOGLITAZONE**, pioglitazone 30 mg tablet, 28

8696Q *Pioglitazone-GA, ED* – **PIOGLITAZONE**, pioglitazone 45 mg tablet, 28

2833D *Pravastatin-GA 10, ED* – **PRAVASTATIN**, pravastatin sodium 10 mg tablet, 30

9237E *Pravastatin-GA 10, ED* – **PRAVASTATIN**, pravastatin sodium 10 mg tablet, 30

2834E *Pravastatin-GA 20, ED* – **PRAVASTATIN**, pravastatin sodium 20 mg tablet, 30

9238F *Pravastatin-GA 20, ED* – **PRAVASTATIN**, pravastatin sodium 20 mg tablet, 30

8197K *Pravastatin-GA 40, ED* – **PRAVASTATIN**, pravastatin sodium 40 mg tablet, 30

9239G *Pravastatin-GA 40, ED* – **PRAVASTATIN**, pravastatin sodium 40 mg tablet, 30

8829Q *Pravastatin-GA 80, ED* – **PRAVASTATIN**, pravastatin sodium 80 mg tablet, 30

9240H *Pravastatin-GA 80, ED* – **PRAVASTATIN**, pravastatin sodium 80 mg tablet, 30

9121C *Ramipril-GA, EA* – **RAMIPRIL**, ramipril 2.5 mg capsule, 30

9122D *Ramipril-GA, EA* – **RAMIPRIL**, ramipril 5 mg capsule, 30

8470T *Ramipril-GA, ED* – **RAMIPRIL**, ramipril 10 mg capsule, 30

1944H *APO-Ramipril, TX* – **RAMIPRIL**, ramipril 1.25 mg tablet, 30

1944H *Chem mart Ramipril, CH* – **RAMIPRIL**, ramipril 1.25 mg tablet, 30

1944H *Terry White Chemists Ramipril, TW* – **RAMIPRIL**, ramipril 1.25 mg tablet, 30

8787L *Risperidone Actavis 0.5, ED* – **RISPERIDONE**, risperidone 500 microgram tablet, 60

8869T *Risperidone Actavis 0.5, ED* – **RISPERIDONE**, risperidone 500 microgram tablet, 60

3169T *Risperidone Actavis 1, ED* – **RISPERIDONE**, risperidone 1 mg tablet, 60

8789N *Risperidone Actavis 1, ED* – **RISPERIDONE**, risperidone 1 mg tablet, 60

3170W *Risperidone Actavis 2, ED* – **RISPERIDONE**, risperidone 2 mg tablet, 60

9079W *Risperidone Actavis 2, ED* – **RISPERIDONE**, risperidone 2 mg tablet, 60

3171X *Risperidone Actavis 3, ED* – **RISPERIDONE**, risperidone 3 mg tablet, 60

2000G *GenRx Salbutamol, GX* – **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules

2001H *GenRx Salbutamol, GX* – **SALBUTAMOL**, salbutamol 5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules

2236Q *GenRx Sertraline, GX* – **SERTRALINE**, sertraline 50 mg tablet, 30

2236Q *Sertraline Actavis, ED* – **SERTRALINE**, sertraline 50 mg tablet, 30

8836C *Sertraline Actavis, ED* – **SERTRALINE**, sertraline 50 mg tablet, 30

2237R *GenRx Sertraline, GX* – **SERTRALINE**, sertraline 100 mg tablet, 30

2237R *Sertraline Actavis, ED* – **SERTRALINE**, sertraline 100 mg tablet, 30

8837D *Sertraline Actavis, ED* – **SERTRALINE**, sertraline 100 mg tablet, 30

1849H *Sumatriptan-GA, ED* – **SUMATRIPTAN**, sumatriptan 50 mg tablet, 4

2110C *Tamoxen 20 mg, EA* – **TAMOXIFEN**, tamoxifen 20 mg tablet, 60

8355R *Telmigen, ED* – **TELMISARTAN**, telmisartan 40 mg tablet, 28

8355R *Telmisartan RBX, RA* – **TELMISARTAN**, telmisartan 40 mg tablet, 28

8356T *Telmigen, ED* – **TELMISARTAN**, telmisartan 80 mg tablet, 28

8356T *Telmisartan RBX, RA* – **TELMISARTAN**, telmisartan 80 mg tablet, 28

8622T *Telmigen HCT 40/12.5, ED* – **TELMISARTAN + HYDROCHLOROTHIAZIDE**, telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28

8623W *Telmigen HCT 80/12.5, ED* – **TELMISARTAN + HYDROCHLOROTHIAZIDE**, telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

9381R *Telmigen HCT 80/25, ED* – **TELMISARTAN + HYDROCHLOROTHIAZIDE**, telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

8524P *GA Tramadol SR 150mg, ED* – **TRAMADOL**, tramadol hydrochloride 150 mg modified release tablet, 20

3130R *Vancocin CP, AS* – **VANCOMYCIN**, vancomycin 500 mg injection, 1 vial

3131T *Vancocin CP, AS* – **VANCOMYCIN**, vancomycin 500 mg injection, 1 vial

3323X *Vancocin CP, AS* – **VANCOMYCIN**, vancomycin 500 mg injection, 1 vial **(Dental)**

8301X *Venla RBX, RA* – **VENLAFAXINE**, venlafaxine 75 mg capsule: modified release, 28

Deletion – Equivalence Indicator

1211R *Clomid, SW* – **CLOMIPHENE**, clomiphene citrate 50 mg tablet, 10

2420J *Tofranil 10, ZC* – **IMIPRAMINE**, imipramine hydrochloride 10 mg tablet, 50

2421K *Tofranil 25, ZC* – **IMIPRAMINE**, imipramine hydrochloride 25 mg tablet, 50

5012T *Cilicaine V, FM* – **PHENOXYMETHYLPENICILLIN**, phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL **(Dental)**

9143F *Cilicaine V, FM* – **PHENOXYMETHYLPENICILLIN**, phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

Alterations

Alteration – Restriction

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

8408M **BECLOMETHASONE**, BECLOMETHASONE DIPROPIONATE Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses), CFC-free formulation, 1 *(Qvar 50 Autohaler)*

8409N **BECLOMETHASONE**, BECLOMETHASONE DIPROPIONATE Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses), CFC-free formulation, 1 *(Qvar 100 Autohaler)*

2065Q **BUDESONIDE**, budesonide 500 microgram/2 mL inhalation: solution, 30 x 2 mL ampoules *(Pulmicort Respules)*

2066R **BUDESONIDE**, budesonide 1 mg/2 mL inhalation: solution, 30 x 2 mL ampoules *(Pulmicort Respules)*

9494Q **CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE**, calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% ointment, 30 g *(Daivobet)*

1779P **DANTROLENE**, dantrolene sodium 25 mg capsule, 100 *(Dantrium)*

1780Q **DANTROLENE**, dantrolene sodium 50 mg capsule, 100 *(Dantrium)*

8136F **EFORMOTEROL**, eformoterol fumarate dihydrate 12 microgram inhalation: powder for, 60 capsules *(Foradile)*

8239P **EFORMOTEROL**, eformoterol fumarate dihydrate 6 microgram/actuation inhalation: powder for, 60 actuations *(Oxis Turbuhaler)*

8240Q **EFORMOTEROL**, eformoterol fumarate dihydrate 12 microgram/actuation inhalation: powder for, 60 actuations *(Oxis Turbuhaler)*

5491B **EPROSARTAN**, eprosartan 600 mg tablet, 28 *(Teveten)*

8951D **EPROSARTAN**, eprosartan 400 mg tablet, 28 *(Teveten)*

5134F **INDACATEROL**, indacaterol 150 microgram inhalation: powder for, 30 capsules *(Onbrez)*

5137J **INDACATEROL**, indacaterol 300 microgram inhalation: powder for, 30 capsules *(Onbrez)*

1542E **IPRATROPIUM**, ipratropium bromide 250 microgram/mL inhalation: solution, 30 x 1 mL ampoules *(APO-Ipratropium, Aeron 250, Atrovent, Ipratrin)*

8238N **IPRATROPIUM**, ipratropium bromide 500 microgram/mL inhalation: solution, 30 x 1 mL ampoules *(APO-Ipratropium, Aeron 500, Atrovent Adult, Ipratrin Adult)*

3387G **LINAGLIPTIN**, linagliptin 5 mg tablet, 30 *(Trajenta)*

10038H **LINAGLIPTIN + METFORMIN**, linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60 *(Trajentamet)*

10044P **LINAGLIPTIN + METFORMIN**, linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60 *(Trajentamet)*

10045Q **LINAGLIPTIN + METFORMIN**, linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60 *(Trajentamet)*

1571Q **LOPERAMIDE**, loperamide hydrochloride 2 mg capsule, 12 *(Gastrex, Gastro-Stop Loperamide, Imodium)*

5492C **OLMESARTAN MEDOXOMIL**, olmesartan medoxomil 20 mg tablet, 30 *(Olmetec)*

5493D **OLMESARTAN MEDOXOMIL**, olmesartan medoxomil 40 mg tablet, 30 *(Olmetec)*

2000G **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules *(APO-Salbutamol, Asmol 2.5 uni-dose, Butamol 2.5, Pharmacor Salbutamol 2.5, Salbutamol Actavis, Salbutamol Sandoz, Ventolin Nebules)*

2001H **SALBUTAMOL**, salbutamol 5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules *(APO-Salbutamol, Asmol 5 uni-dose, Butamol 5, Pharmacor Salbutamol 5, Salbutamol Actavis, Salbutamol Sandoz, Ventolin Nebules)*

8354Q **SALBUTAMOL**, salbutamol Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (200 doses), CFC-free formulation, 1 *(Airomir Autohaler)*

8141L **SALMETEROL**, salmeterol 50 microgram/actuation inhalation: powder for, 60 actuations *(Serevent Accuhaler)*

10128C **SAXAGLIPTIN**, saxagliptin 2.5 mg tablet, 28 *(Onglyza)*

8983T **SAXAGLIPTIN**, saxagliptin 5 mg tablet, 28 *(Onglyza)*

10048W **SAXAGLIPTIN + METFORMIN**, saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56 *(Kombiglyze XR 2.5/1000)*

10051B **SAXAGLIPTIN + METFORMIN**, saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28 *(Kombiglyze XR 5/1000)*

10055F **SAXAGLIPTIN + METFORMIN**, saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28 *(Kombiglyze XR 5/500)*

9180E **SITAGLIPTIN**, sitagliptin 25 mg tablet, 28 *(Januvia)*

9181F **SITAGLIPTIN**, sitagliptin 50 mg tablet, 28 *(Januvia)*

9182G **SITAGLIPTIN**, sitagliptin 100 mg tablet, 28 *(Januvia)*

10089B **SITAGLIPTIN + METFORMIN**, sitagliptin 100 mg + metformin hydrochloride 1 g tablet: modified release, 28 *(Janumet XR)*

10090C **SITAGLIPTIN + METFORMIN**, sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56 *(Janumet XR)*

9449H **SITAGLIPTIN + METFORMIN**, sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56 *(Janumet)*

9450J **SITAGLIPTIN + METFORMIN**, sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56 *(Janumet)*

9451K **SITAGLIPTIN + METFORMIN**, sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56 *(Janumet)*

9479X **SULFADIAZINE SILVER**, sulfadiazine silver 1% cream, 50 g *(Flamazine)*

8626B **TIOTROPIUM**, tiotropium 18 microgram inhalation: powder for, 30 capsules *(Spiriva)*

3415R **VILDAGLIPTIN**, vildagliptin 50 mg tablet, 60 *(Galvus)*

5474D **VILDAGLIPTIN + METFORMIN**, vildagliptin 50 mg + metformin hydrochloride 500 mg tablet, 60 *(Galvumet 50/500)*

5475E	**VILDAGLIPTIN + METFORMIN**, vildagliptin 50 mg + metformin hydrochloride 850 mg tablet, 60 *(Galvumet 50/850)*	
5476F	**VILDAGLIPTIN + METFORMIN**, vildagliptin 50 mg + metformin hydrochloride 1 g tablet, 60 *(Galvumet 50/1000)*	

Alteration – Restriction Level

		From	*To*
1571Q	**LOPERAMIDE**, loperamide hydrochloride 2 mg capsule, 12 *(Gastrex, Gastro-Stop Loperamide, Imodium)*	unrestricted	streamlined

Alteration – Manufacturer Code

		From	*To*
5296R	*Riamet 20mg/120mg Dispersible* – **ARTEMETHER + LUMEFANTRINE**, artemether 20 mg + lumefantrine 120 mg dispersible tablet, 18	NV	SZ
9498X	*Riamet* – **ARTEMETHER + LUMEFANTRINE**, artemether 20 mg + lumefantrine 120 mg tablet, 24	NV	SZ
1443Y	*Parlodel* – **BROMOCRIPTINE**, bromocriptine 2.5 mg tablet, 30	NV	SZ
1444B	*Parlodel* – **BROMOCRIPTINE**, bromocriptine 2.5 mg tablet, 30	NV	SZ
1561E	*Anafranil 25* – **CLOMIPRAMINE**, clomipramine hydrochloride 25 mg tablet, 50	NV	SZ
8136F	*Foradile* – **EFORMOTEROL**, eformoterol fumarate dihydrate 12 microgram inhalation: powder for, 60 capsules	NV	SZ
8092X	*Famvir* – **FAMCICLOVIR**, famciclovir 125 mg tablet, 40	NV	HX
2274Q	*Famvir* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 20	NV	HX
8002E	*Famvir* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 21	NV	HX
8217L	*Famvir* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 56	NV	HX
8896F	*Famvir* – **FAMCICLOVIR**, famciclovir 500 mg tablet, 56	NV	HX
8897G	*Famvir* – **FAMCICLOVIR**, famciclovir 500 mg tablet, 30	NV	HX
1515R	*Transiderm-Nitro 25* – **GLYCERYL TRINITRATE**, glyceryl trinitrate 5 mg/24 hours patch, 30	NV	SZ
1516T	*Transiderm-Nitro 50* – **GLYCERYL TRINITRATE**, glyceryl trinitrate 10 mg/24 hours patch, 30	NV	SZ
8425K	*Estalis sequi 50/140* – **NORETHISTERONE ACETATE + OESTRADIOL (&) OESTRADIOL**, oestradiol 50 microgram/24 hours patch [4] (&) oestradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch [4], 1 pack	NV	SZ
8426L	*Estalis sequi 50/250* – **NORETHISTERONE ACETATE + OESTRADIOL (&) OESTRADIOL**, oestradiol 50 microgram/24 hours patch [4] (&) oestradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch [4], 1 pack	NV	SZ
8761D	*Estradot 25* – **OESTRADIOL**, oestradiol 25 microgram/24 hours patch, 8	NV	SZ
8762E	*Estradot 37.5* – **OESTRADIOL**, oestradiol 37.5 microgram/24 hours patch, 8	NV	SZ
8763F	*Estradot 50* – **OESTRADIOL**, oestradiol 50 microgram/24 hours patch, 8	NV	SZ
8764G	*Estradot 75* – **OESTRADIOL**, oestradiol 75 microgram/24 hours patch, 8	NV	SZ
8765H	*Estradot 100* – **OESTRADIOL**, oestradiol 100 microgram/24 hours patch, 8	NV	SZ
8428N	*Estalis continuous 50/250* – **OESTRADIOL + NORETHISTERONE ACETATE**, oestradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch, 8	NV	SZ
8427M	*Estalis continuous 50/140* – **OESTRADIOL + NORETHISTERONE ACETATE**, oestradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch, 8	NV	SZ
9288W	*Aclasta* – **ZOLEDRONIC ACID**, zoledronic acid 5 mg/100 mL injection, 100 mL vial	NV	HX
9350D	*Aclasta* – **ZOLEDRONIC ACID**, zoledronic acid 5 mg/100 mL injection, 100 mL vial	NV	HX

Advance Notices

1 October 2016

Deletion – Brand

8118G	*Chem mart Alprazolam, CH* – **ALPRAZOLAM**, alprazolam 2 mg tablet, 50
8118G	*Terry White Chemists Alprazolam, TW* – **ALPRAZOLAM**, alprazolam 2 mg tablet, 50
8296P	*Candesartan RBX, RA* – **CANDESARTAN**, candesartan cilexetil 8 mg tablet, 30
9314F	*Candesartan HCTZ RBX 32/12.5, RA* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30
8255L	*Dilatrend 3.125, RO* – **CARVEDILOL**, carvedilol 3.125 mg tablet, 30
8439E	*Celecoxib Actavis, ED* – **CELECOXIB**, celecoxib 100 mg capsule, 60
8440F	*Celecoxib Actavis, ED* – **CELECOXIB**, celecoxib 200 mg capsule, 30
1299J	*Diclofenac-GA, ED* – **DICLOFENAC**, diclofenac sodium 25 mg tablet: enteric, 50
1300K	*Diclofenac-GA, ED* – **DICLOFENAC**, diclofenac sodium 50 mg tablet: enteric, 50
5076E	*Diclofenac-GA, ED* – **DICLOFENAC**, diclofenac sodium 25 mg tablet: enteric, 50 **(Dental)**
5077F	*Diclofenac-GA, ED* – **DICLOFENAC**, diclofenac sodium 50 mg tablet: enteric, 50 **(Dental)**
2924X	*Rythmodan, SW* – **DISOPYRAMIDE**, disopyramide 150 mg capsule, 100
2711Q	*Doxy-50, ED* – **DOXYCYCLINE**, doxycycline 50 mg tablet, 25
1834M	*Gantin, EA* – **GABAPENTIN**, gabapentin 300 mg capsule, 100
1835N	*Gantin, EA* – **GABAPENTIN**, gabapentin 400 mg capsule, 100
8389M	*Gantin, ED* – **GABAPENTIN**, gabapentin 800 mg tablet, 100
8182P	*Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 4.5 million units/0.5 mL injection, 0.5 mL syringe
8551C	*Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 4.5 million units/0.5 mL injection, 0.5 mL syringe
8245Y	*Lezole, ED* – **LETROZOLE**, letrozole 2.5 mg tablet, 30
2734X	*Megace, QA* – **MEGESTROL**, megestrol acetate 160 mg tablet, 30
8887R	*Melox 7.5, EA* – **MELOXICAM**, meloxicam 7.5 mg capsule, 30
8888T	*Melox 15, EA* – **MELOXICAM**, meloxicam 15 mg capsule, 30
1821W	*DBL Metronidazole Intravenous Infusion, HH* – **METRONIDAZOLE**, metronidazole 500 mg/100 mL (0.5%) injection, 10 x 100 mL bags
1832K	*DBL Metronidazole Intravenous Infusion, HH* – **METRONIDAZOLE**, metronidazole 500 mg/100 mL (0.5%) injection, 10 x 100 mL bags **(Dental)**
9006B	*Chem mart Perindopril Arginine, CH* – **PERINDOPRIL**, perindopril arginine 2.5 mg tablet, 30
9006B	*Terry White Chemists Perindopril Arginine, TW* – **PERINDOPRIL**, perindopril arginine 2.5 mg tablet, 30
9006B	*PERINDO ARG 2.5mg, TR* – **PERINDOPRIL**, perindopril arginine 2.5 mg tablet, 30
9006B	*IDAPREX ARG 2.5mg, TZ* – **PERINDOPRIL**, perindopril arginine 2.5 mg tablet, 30
9006B	*Blooms the Chemist Perindopril Arginine, IB* – **PERINDOPRIL**, perindopril arginine 2.5 mg tablet, 30
9007C	*Chem mart Perindopril Arginine, CH* – **PERINDOPRIL**, perindopril arginine 5 mg tablet, 30
9007C	*Terry White Chemists Perindopril Arginine, TW* – **PERINDOPRIL**, perindopril arginine 5 mg tablet, 30
9007C	*PERINDO ARG 5mg, TR* – **PERINDOPRIL**, perindopril arginine 5 mg tablet, 30
9007C	*IDAPREX ARG 5mg, TZ* – **PERINDOPRIL**, perindopril arginine 5 mg tablet, 30
9007C	*Blooms the Chemist Perindopril Arginine, IB* – **PERINDOPRIL**, perindopril arginine 5 mg tablet, 30
9008D	*Chem mart Perindopril Arginine, CH* – **PERINDOPRIL**, perindopril arginine 10 mg tablet, 30
9008D	*Terry White Chemists Perindopril Arginine, TW* – **PERINDOPRIL**, perindopril arginine 10 mg tablet, 30
9008D	*PERINDO ARG 10mg, TR* – **PERINDOPRIL**, perindopril arginine 10 mg tablet, 30
9008D	*IDAPREX ARG 10mg, TZ* – **PERINDOPRIL**, perindopril arginine 10 mg tablet, 30

9008D *Blooms the Chemist Perindopril Arginine, IB* – **PERINDOPRIL**, perindopril arginine 10 mg tablet, 30

9346X *Chem mart Perindopril Arginine/Amlodipine 5/5, CH* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

9346X *Terry White Chemists Perindopril Arginine/Amlodipine 5/5, TW* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

9346X *Blooms the Chemist Perindopril Arginine/Amlodipine 5/5, IB* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

9346X *Deflectum 5/5, TZ* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

9346X *Dynoval 5/5, TR* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

9347Y *Chem mart Perindopril Arginine/Amlodipine 5/10, CH* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

9347Y *Terry White Chemists Perindopril Arginine/Amlodipine 5/10, TW* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

9347Y *Blooms the Chemist Perindopril Arginine/Amlodipine 5/10, IB* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

9347Y *Deflectum 5/10, TZ* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

9347Y *Dynoval 5/10, TR* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

9348B *Chem mart Perindopril Arginine/Amlodipine 10/5, CH* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

9348B *Terry White Chemists Perindopril Arginine/Amlodipine 10/5, TW* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

9348B *Blooms the Chemist Perindopril Arginine/Amlodipine 10/5, IB* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

9348B *Deflectum 10/5, TZ* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

9348B *Dynoval 10/5, TR* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

9349C *Chem mart Perindopril Arginine/Amlodipine 10/10, CH* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

9349C *Terry White Chemists Perindopril Arginine/Amlodipine 10/10, TW* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

9349C *Blooms the Chemist Perindopril Arginine/Amlodipine 10/10, IB* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

9349C *Deflectum 10/10, TZ* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

9349C *Dynoval 10/10, TR* – **PERINDOPRIL + AMLODIPINE**, perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

2845R *Perindo ARG Combi 5mg/1.25mg, TR* – **PERINDOPRIL + INDAPAMIDE**, perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30

2845R *Idaprex ARG Combi 5mg/1.25mg, TZ* – **PERINDOPRIL + INDAPAMIDE**, perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30

1897W *Terry White Chemists Piroxicam, TW* – **PIROXICAM**, piroxicam 10 mg capsule, 50

1897W *Chem mart Piroxicam, CH* – **PIROXICAM**, piroxicam 10 mg capsule, 50

5203W *Terry White Chemists Piroxicam, TW* – **PIROXICAM**, piroxicam 10 mg capsule, 50 **(Dental)**

5203W *Chem mart Piroxicam, CH* – **PIROXICAM**, piroxicam 10 mg capsule, 50 **(Dental)**

8580N *Quetiapine AN, EA* – **QUETIAPINE**, quetiapine 300 mg tablet, 60

1968N *Aquinafil, EA* – **QUINAPRIL**, quinapril 5 mg tablet, 30

1969P *Aquinafil, EA* – **QUINAPRIL**, quinapril 10 mg tablet, 30

1970Q *Aquinafil, EA* – **QUINAPRIL**, quinapril 20 mg tablet, 30

2590H *Rosuvastatin Actavis 5, ED* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

2606E *Rosuvastatin Actavis 5, ED* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

3402C *Rosuvastatin Actavis 5, ED* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

3402C *Rosuvastatin AN, EA* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

3403D *Rosuvastatin AN, EA* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30

3404E *Rosuvastatin AN, EA* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30

3405F *Rosuvastatin AN, EA* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30

9042X *Rosuvastatin Actavis 5, ED* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

9042X *Rosuvastatin AN, EA* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

9043Y *Rosuvastatin AN, EA* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30

9044B *Rosuvastatin AN, EA* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30

9045C *Rosuvastatin AN, EA* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30

2236Q *Xydep 50, EF* – **SERTRALINE**, sertraline 50 mg tablet, 30

2237R *Xydep 100, EF* – **SERTRALINE**, sertraline 100 mg tablet, 30

8836C *Xydep 50, EF* – **SERTRALINE**, sertraline 50 mg tablet, 30

8837D *Xydep 100, EF* – **SERTRALINE**, sertraline 100 mg tablet, 30

2285G *Terbinafine Actavis, ED* – **TERBINAFINE**, terbinafine 250 mg tablet, 42

2804N *Terbinafine Actavis, ED* – **TERBINAFINE**, terbinafine 250 mg tablet, 42

8301X *Venlafaxine Actavis XR, ED* – **VENLAFAXINE**, venlafaxine 75 mg capsule: modified release, 28

8302Y *Venlafaxine Actavis XR, ED* – **VENLAFAXINE**, venlafaxine 150 mg capsule: modified release, 28

8868R *Venlafaxine Actavis XR, ED* – **VENLAFAXINE**, venlafaxine 37.5 mg capsule: modified release, 28

1 December 2016
Deletion – Brand

2014B *Gaviscon P, RC* – **ALGINATE SODIUM + CALCIUM CARBONATE + BICARBONATE**, alginate sodium 500 mg/10 mL + calcium carbonate 160 mg/10 mL + sodium bicarbonate 267 mg/10 mL oral liquid, 500 mL

1397M *Erythrocin-I.V., ZC* – **ERYTHROMYCIN LACTOBIONATE**, erythromycin (as lactobionate) 1 g injection, 1 vial

5088T *Erythrocin-I.V., ZC* – **ERYTHROMYCIN LACTOBIONATE**, erythromycin (as lactobionate) 1 g injection, 1 vial **(Dental)**

1182F *Monopril, BQ* – **FOSINOPRIL**, fosinopril sodium 10 mg tablet, 30

1183G *Monopril, BQ* – **FOSINOPRIL**, fosinopril sodium 20 mg tablet, 30

8401E *Monoplus 20/12.5, BQ* – **FOSINOPRIL + HYDROCHLOROTHIAZIDE**, fosinopril sodium 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

10063P *Isopto Homatropine, AQ* – **HOMATROPINE**, homatropine hydrobromide 2% eye drops, 15 mL **(Optometrical)**

2541R *Isopto Homatropine, AQ* – **HOMATROPINE**, homatropine hydrobromide 2% eye drops, 15 mL

Palliative Care

Advance Notices

1 October 2016
Deletion – Brand

5361E *Diclofenac-GA, ED* – **DICLOFENAC**, diclofenac sodium 25 mg tablet: enteric, 50

5362F *Diclofenac-GA, ED* – **DICLOFENAC**, diclofenac sodium 50 mg tablet: enteric, 50

Highly Specialised Drugs Program (Private Hospital)

Additions

Addition – Item

10880P **PASIREOTIDE**, pasireotide 20 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

10884W **PASIREOTIDE**, pasireotide 40 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

10887B **PASIREOTIDE**, pasireotide 60 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

Alterations

Alteration – Restriction

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

6195C **RIFABUTIN**, rifabutin 150 mg capsule, 30 *(Mycobutin)*

Advance Notices

1 October 2016

Deletion – Brand

6211X *Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 4.5 million units/0.5 mL injection, 0.5 mL syringe

Highly Specialised Drugs Program (Public Hospital)

Additions

Addition – Item

10886Y **PASIREOTIDE**, pasireotide 20 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

10883T **PASIREOTIDE**, pasireotide 40 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

10882R **PASIREOTIDE**, pasireotide 60 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack *(Signifor LAR)*

Alterations

Alteration – Restriction

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

9541E **RIFABUTIN**, rifabutin 150 mg capsule, 30 *(Mycobutin)*

Advance Notices

1 October 2016

Deletion – Brand

5760E *Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 4.5 million units/0.5 mL injection, 0.5 mL syringe

Highly Specialised Drugs Program (Community Access)

Advance Notices

1 October 2016

Deletion – Brand

10371W *Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 4.5 million units/0.5 mL injection, 0.5 mL syringe

10304H *Nevipin, EA* – **NEVIRAPINE**, nevirapine 200 mg tablet, 60

Repatriation Pharmaceutical Benefits

Alterations

Alteration – Restriction

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

4348W **MUPIROCIN**, mupirocin 2% cream, 15 g *(Bactroban)*

4350Y **MUPIROCIN**, mupirocin 2% ointment, 15 g *(Bactroban)*

4390C **PODOPHYLLOTOXIN**, podophyllotoxin 0.15% cream, 5 g *(Wartec Cream)*

Alteration – Manufacturer Code

		From	*To*
4046Y	*Solaraze 3% Gel* – **DICLOFENAC**, diclofenac sodium 3% gel, 25 g	CS	FK

▪ BECLOMETHASONE

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

BECLOMETHASONE DIPROPIONATE Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses), CFC-free formulation, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8409N NP	‡1	5	..	37.58	38.30	Qvar 100 Autohaler [IA]

BECLOMETHASONE DIPROPIONATE Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses), CFC-free formulation, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8408M NP	‡1	5	..	28.28	29.47	Qvar 50 Autohaler [IA]

▪ BUDESONIDE

Authority required (STREAMLINED)

6340

Severe chronic asthma

Clinical criteria:

- Patient must require long-term steroid therapy, **AND**
- Patient must not be able to use other forms of inhaled steroid therapy.

budesonide 1 mg/2 mL inhalation: solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2066R NP	‡1	5	..	46.74	38.30	Pulmicort Respules [AP]

budesonide 500 microgram/2 mL inhalation: solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2065Q NP	‡1	5	..	36.54	37.73	Pulmicort Respules [AP]

▪ CALCIPOTRIOL + 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.

Restricted benefit

Chronic stable plaque type psoriasis vulgaris

Clinical criteria:

- The condition must be inadequately controlled by calcipotriol; OR
- The condition must be inadequately controlled by potent topical corticosteroid monotherapy.

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9494Q NP	‡1	1	..	41.53	38.30	Daivobet [LO]

▪ DANTROLENE

Restricted benefit

Chronic spasticity

dantrolene sodium 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1779P NP	1	2	..	75.14	38.30	Dantrium [PF]

dantrolene sodium 50 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1780Q NP	1	2	..	75.67	38.30	Dantrium [PF]

▪ EFORMOTEROL

Restricted benefit

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

eformoterol fumarate dihydrate 12 microgram inhalation: powder for, 60 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8136F NP	1	5	..	36.10	37.29	Foradile [SZ]

eformoterol fumarate dihydrate 12 microgram/actuation inhalation: powder for, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8240Q NP	‡1	5	..	35.35	36.54	Oxis Turbuhaler [AP]

eformoterol fumarate dihydrate 6 microgram/actuation inhalation: powder for, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8239P NP	‡1	5	..	27.05	28.24	Oxis Turbuhaler [AP]

▪ EPROSARTAN

Authority required

Adverse effects occurring with all of the base-priced drugs

Authority required

Drug interactions occurring with all of the base-priced drugs

Authority required

Drug interactions expected to occur with all of the base-priced drugs

Authority required

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance

eprosartan 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8951D NP	2	5	..	*29.92	31.11	Teveten [GO]

eprosartan 600 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5491B NP	1	5	..	29.55	30.74	Teveten [GO]

▪ EXENATIDE

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), an insulin or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6354

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR
- Patient must not have tolerated a combination of metformin and a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with either metformin or a sulfonylurea.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

Authority required (STREAMLINED)

6339

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

exenatide 2 mg/dose injection: modified release, 4 injection devices

10888C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	130.38	38.30	Bydureon [AP]

▪ INDACATEROL

Note This drug is not PBS-subsidised for the treatment of asthma.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

indacaterol 150 microgram inhalation: powder for, 30 capsules

5134F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	61.44	38.30	Onbrez [NV]

indacaterol 300 microgram inhalation: powder for, 30 capsules

5137J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	61.44	38.30	Onbrez [NV]

▪ IPRATROPIUM

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

ipratropium bromide 250 microgram/mL inhalation: solution, 30 x 1 mL ampoules

1542E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*29.28	30.47	[a] Aeron 250 [QA] [a] Ipratrin [AF]	[a] APO-Ipratropium [TX]
			[B]0.50	*29.78	30.47	[a] Atrovent [BY]	

ipratropium bromide 500 microgram/mL inhalation: solution, 30 x 1 mL ampoules

8238N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*32.68	33.87	[a] Aeron 500 [QA] [a] Ipratrin Adult [AF]	[a] APO-Ipratropium [TX]

[B]0.50	*33.18	33.87	[a] Atrovent Adult [BY]	

▪ LINAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

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)

6346

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

linagliptin 5 mg tablet, 30

3387G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	61.64	38.30	Trajenta [BY]

▪ LINAGLIPTIN + METFORMIN

Note This fixed dose combination tablet is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor

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)

6333

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Authority required (STREAMLINED)

6336

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and linagliptin.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10044P NP	1	5	..	65.13	38.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10038H NP	1	5	..	63.44	38.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10045Q NP	1	5	..	64.64	38.30	Trajentamet [BY]

▪ LOPERAMIDE

Authority required (STREAMLINED)

6364

Diarrhoea

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

loperamide hydrochloride 2 mg capsule, 12

1571Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	12.05	13.24	[a] Gastrex [CR]	[a] Gastro-Stop Loperamide [AS]
			[B]0.65	12.70	13.24	[a] Imodium [JT]	

▪ LOPERAMIDE

Authority required

Diarrhoea

loperamide hydrochloride 2 mg capsule, 12

10889D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	5	..	..	*18.02	19.21	[a] Gastrex [CR]	[a] Gastro-Stop Loperamide [AS]
			[B]3.25	*21.27	19.21	[a] Imodium [JT]	

▪ OLMESARTAN MEDOXOMIL

Authority required

Adverse effects occurring with all of the base-priced drugs

Authority required

Drug interactions occurring with all of the base-priced drugs

Authority required

Drug interactions expected to occur with all of the base-priced drugs

Authority required

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance

olmesartan medoxomil 20 mg tablet, 30

5492C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	22.05	23.24	Olmetec [MK]

olmesartan medoxomil 40 mg tablet, 30

5493D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	31.01	32.20	Olmetec [MK]

▪ SALBUTAMOL

Restricted benefit

Bronchospasm

Clinical criteria:

- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

salbutamol Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (200 doses), CFC-free formulation, 1

8354Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*38.54	38.30	Airomir Autohaler [IA]

▪ SALBUTAMOL

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

salbutamol 2.5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules

2000G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.56	19.75	[a] APO-Salbutamol [TX] [a] Pharmacor Salbutamol 2.5 [CR] [a] Salbutamol Sandoz [SZ]	[a] Butamol 2.5 [QA] [a] Salbutamol Actavis [EA]
			[B]0.50	*19.06	19.75	[a] Asmol 2.5 uni-dose [AF]	

		[B]1.04	*19.60	19.75	[a] Ventolin Nebules [GK]	

salbutamol 5 mg/2.5 mL inhalation: solution, 30 x 2.5 mL ampoules

2001H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.98	20.17	[a] APO-Salbutamol [TX] [a] Pharmacor Salbutamol 5 [CR] [a] Salbutamol Sandoz [SZ]	[a] Butamol 5 [QA] [a] Salbutamol Actavis [EA]
			[B]0.50	*19.48	20.17	[a] Asmol 5 uni-dose [AF]	
			[B]1.00	*19.98	20.17	[a] Ventolin Nebules [GK]	

▪ SALMETEROL

Restricted benefit

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

salmeterol 50 microgram/actuation inhalation: powder for, 60 actuations

8141L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	..	36.10	37.29	Serevent Accuhaler [GK]

▪ SAXAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

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)

6346

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

saxagliptin 2.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10128C NP	1	5	..	58.23	38.30	Onglyza [AP]

saxagliptin 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8983T NP	1	5	..	58.23	38.30	Onglyza [AP]

▪ SAXAGLIPTIN + METFORMIN

Note This fixed dose combination tablet is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor

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)

6333

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Authority required (STREAMLINED)

6335

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and saxagliptin.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56

10048W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	61.48	38.30	Kombiglyze XR 2.5/1000 [AP]

saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28

10051B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.91	38.30	Kombiglyze XR 5/1000 [AP]

saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28

10055F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.07	38.30	Kombiglyze XR 5/500 [AP]

▪ SITAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

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)

6346

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9182G NP	1	5	..	55.85	38.30	Januvia [MK]

sitagliptin 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9180E NP	1	5	..	55.85	38.30	Januvia [MK]

sitagliptin 50 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9181F NP	1	5	..	55.85	38.30	Januvia [MK]

▪ SITAGLIPTIN + METFORMIN

Note This fixed dose combination tablet is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor

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)

6333

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Authority required (STREAMLINED)

6334

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and sitagliptin.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR

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

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

sitagliptin 100 mg + metformin hydrochloride 1 g tablet: modified release, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10089B NP	1	5	..	57.52	38.30	Janumet XR [MK]

sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10090C NP	1	5	..	59.09	38.30	Janumet XR [MK]

sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9451K NP	1	5	..	59.09	38.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9449H NP	1	5	..	57.52	38.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9450J NP	1	5	..	58.64	38.30	Janumet [MK]

▪ SULFADIAZINE SILVER

Restricted benefit

Infection

Treatment Phase: Prevention and treatment

Clinical criteria:

- The condition must be in partial or full skin thickness loss due to burns; OR
- The condition must be in partial or full skin thickness loss due to epidermolysis bullosa.

Restricted benefit

Stasis ulcers

sulfadiazine silver 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9479X NP	‡1	..	..	21.09	22.28	Flamazine [SN]

▪ TIOTROPIUM

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

tiotropium 18 microgram inhalation: powder for, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8626B NP	1	5	..	58.89	38.30	Spiriva [BY]

▪ VILDAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

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)

6346

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with either metformin or a sulfonylurea.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

vildagliptin 50 mg tablet, 60

3415R

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	59.08	38.30	Galvus [NV]

▪ VILDAGLIPTIN + METFORMIN

Note This fixed dose combination tablet is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor

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)

6333

Diabetes mellitus type 2

Clinical criteria:

- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period despite treatment with metformin.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Authority required (STREAMLINED)

6357

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and vildagliptin.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) Had red cell transfusion within the previous 3 months.

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

vildagliptin 50 mg + metformin hydrochloride 1 g tablet, 60

5476F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	59.77	38.30	Galvumet 50/1000 [NV]

vildagliptin 50 mg + metformin hydrochloride 500 mg tablet, 60

5474D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	58.08	38.30	Galvumet 50/500 [NV]

vildagliptin 50 mg + metformin hydrochloride 850 mg tablet, 60

5475E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	59.29	38.30	Galvumet 50/850 [NV]

Highly Specialised Drugs Program (Private Hospital)

▪ PASIREOTIDE

Caution Careful monitoring of patients is mandatory due to high risk of developing hyperglycaemia

Note Special Pricing Arrangements apply.

Authority required

Acromegaly

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a mean growth hormone (GH) level greater than 2.5 micrograms per litre, **AND**
- Patient must an age- and sex-adjusted insulin-like growth factor 1 (IGF-1) level greater than 1.3 times the upper limit of normal (ULN), **AND**
- The treatment must be after failure to achieve biochemical control with a maximum indicated dose of either 30 mg octreotide LAR or 120 mg lanreotide ATG every 28 days for 24 weeks; unless contraindicated or not tolerated according to the TGA approved Product Information.

Population criteria:

- Patient must be aged 18 years or older.

If treatment with either octreotide or lanreotide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of contraindication.

If intolerance to either octreotide or lanreotide treatment develops during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

Failure to achieve biochemical control is defined as:

1) Growth hormone level is greater than 2.5 mcg/mL; and

2) IGF-1 level is greater than 1.3 times the age- and sex-adjusted ULN

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

1) Growth hormone (GH) levels of less than 2.5 mcg/L; and

2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

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

a) a completed authority prescription form; and

b) a completed Acromegaly PBS Authority Application - Supporting Information Form; and

c) a signed patient acknowledgment; and

d) in a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy must be provided; and a copy of GH and IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided; and

e) a recent copy of GH and IGF-1 levels must be provided.

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

Acromegaly

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have received non-PBS treatment with this drug for this condition prior to 1 September 2016.

Population criteria:

- Patient must be aged 18 years or older.

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

1) Growth hormone (GH) levels of less than 2.5 mcg/L; and

2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

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

a) a completed authority prescription form; and

b) a completed Acromegaly PBS Authority Application - Supporting Information Form; and

c) a signed patient acknowledgment; and

d) in a patient who has previously been treated with radiotherapy for this condition, the date of completion of radiotherapy must be provided; and a copy of GH and IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided.

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

Acromegaly

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be aged 18 years or older.

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

1) Growth hormone (GH) levels of less than 2.5 mcg/L; and

2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

In a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy and the GH and IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided at the time of approval.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written applications for authorisation under this criterion should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

pasireotide 20 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

10880P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
	2	5	..	*7847.02	Signifor LAR [NV]

pasireotide 40 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

10884W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
	2	5	..	*7847.02	Signifor LAR [NV]

pasireotide 60 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

10887B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
	2	5	..	*7847.02	Signifor LAR [NV]

▪ RIFABUTIN

Authority required

Mycobacterium avium complex infection

Clinical criteria:

- Patient must be human immunodeficiency virus (HIV) positive.

Authority required

Mycobacterium avium complex infection

Clinical criteria:

- The treatment must be for prophylaxis, **AND**

- Patient must be human immunodeficiency virus (HIV) positive, **AND**
- Patient must have CD4 cell counts of less than 75 per cubic millimetre.

rifabutin 150 mg capsule, 30

6195C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
4	5	..	*646.62	Mycobutin [PF]

Highly Specialised Drugs Program (Public Hospital)

▪ PASIREOTIDE

Caution Careful monitoring of patients is mandatory due to high risk of developing hyperglycaemia

Note Special Pricing Arrangements apply.

Authority required

Acromegaly

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a mean growth hormone (GH) level greater than 2.5 micrograms per litre, **AND**
- Patient must an age- and sex-adjusted insulin-like growth factor 1 (IGF-1) level greater than 1.3 times the upper limit of normal (ULN), **AND**
- The treatment must be after failure to achieve biochemical control with a maximum indicated dose of either 30 mg octreotide LAR or 120 mg lanreotide ATG every 28 days for 24 weeks; unless contraindicated or not tolerated according to the TGA approved Product Information.

Population criteria:

- Patient must be aged 18 years or older.

If treatment with either octreotide or lanreotide is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of contraindication.

If intolerance to either octreotide or lanreotide treatment develops during the relevant period of use which is of a severity to necessitate withdrawal of the treatment, the application must provide details of the nature and severity of this intolerance.

Failure to achieve biochemical control is defined as:

1) Growth hormone level is greater than 2.5 mcg/mL; and

2) IGF-1 level is greater than 1.3 times the age- and sex-adjusted ULN

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

1) Growth hormone (GH) levels of less than 2.5 mcg/L; and

2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

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

a) a completed authority prescription form; and

b) a completed Acromegaly PBS Authority Application - Supporting Information Form; and

c) a signed patient acknowledgment; and

d) in a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy must be provided; and a copy of GH and IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided; and

e) a recent copy of GH and IGF-1 levels must be provided.

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

Acromegaly

Treatment Phase: Grandfathering treatment

Clinical criteria:

- Patient must have received non-PBS treatment with this drug for this condition prior to 1 September 2016.

Population criteria:

- Patient must be aged 18 years or older.

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

1) Growth hormone (GH) levels of less than 2.5 mcg/L; and

2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

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

a) a completed authority prescription form; and

b) a completed Acromegaly PBS Authority Application - Supporting Information Form; and

c) a signed patient acknowledgment; and

d) in a patient who has previously been treated with radiotherapy for this condition, the date of completion of radiotherapy must be provided; and a copy of GH and IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided.

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

Acromegaly

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be aged 18 years or older.

In a patient treated with radiotherapy, pasireotide should be withdrawn every 2 years in the 10 years after completion of radiotherapy for assessment of remission. Pasireotide should be withdrawn at least 8 weeks prior to the assessment of remission.

Biochemical evidence of remission is defined as:

1) Growth hormone (GH) levels of less than 2.5 mcg/L; and

2) normalisation of sex- and age- adjusted insulin-like growth factor 1 (IGF-1)

In a patient who has been previously treated with radiotherapy for this condition, the date of completion of radiotherapy and the GH and IGF-1 levels taken at the most recent two yearly assessment in the 10 years after completion of radiotherapy must be provided at the time of approval.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Written applications for authorisation under this criterion should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

pasireotide 20 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

10886Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
	2	5	..	*7800.00	Signifor LAR [NV]

pasireotide 40 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

10883T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
	2	5	..	*7800.00	Signifor LAR [NV]

pasireotide 60 mg injection: modified release [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

10882R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
	2	5	..	*7800.00	Signifor LAR [NV]

▪ RIFABUTIN

Authority required (STREAMLINED)

6350

Mycobacterium avium complex infection

Clinical criteria:

- Patient must be human immunodeficiency virus (HIV) positive.

Authority required (STREAMLINED)

6356

Mycobacterium avium complex infection

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be human immunodeficiency virus (HIV) positive, **AND**
- Patient must have CD4 cell counts of less than 75 per cubic millimetre.

rifabutin 150 mg capsule, 30

9541E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	Brand Name and Manufacturer
4	5	..	*615.00	Mycobutin [PF]

Repatriation Pharmaceutical Benefits Scheme

- **MUPIROCIN**

Restricted benefit

Secondarily infected traumatic skin lesions

mupirocin 2% cream, 15 g

4348W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.98	6.20	Bactroban [GK]

mupirocin 2% ointment, 15 g

4350Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.98	6.20	Bactroban [GK]

- **PODOPHYLLOTOXIN**

Authority required

Ano-genital warts

podophyllotoxin 0.15% cream, 5 g

4390C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	52.30	6.20	Wartec Cream [GK]