



Australian Government

Department of Health



Schedule of Pharmaceutical Benefits

Summary of Changes

Effective 1 May 2021



Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 May 2021 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	\$7.74
	Dangerous drug fee	\$4.80
	Extemporaneously-prepared	\$9.78
	Allowable additional patient charge*	\$4.42
Additional Fees (for safety net prices):	Ready-prepared	\$1.29
	Extemporaneously-prepared	\$1.66
Patient Co-payments:	General	\$41.30
	Concessional	\$6.60
Safety Net Thresholds:	General	\$1497.20
	Concessional	\$316.80
Safety Net Card Issue Fee:		\$10.34

* 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 May 2021. The Schedule is updated on the first day of each month and is available on the internet at www.pbs.gov.au.

Prescriber Bag Advance Notices

1 June 2021

Deletion – Brand

- 10786Q *Junalox, JO* – **NALOXONE**, naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules
3484J *Tramadol ACT, JO* – **TRAMADOL**, tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

General Pharmaceutical Benefits

Additions

Addition – Item

- 1002R **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g (*ViruPOS*)
5501M **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g (*ViruPOS*)
12467E **CANNABIDIOL**, cannabidiol 100 mg/mL oral liquid, 100 mL (*Epidyolex*)
12463Y **MESALAZINE**, mesalazine 1.6 g enteric tablet, 60 (*Asacol*)

Addition – Brand

- 2751T *NOUMED AMLODIPINE, VO* – **AMLODIPINE**, amlodipine 5 mg tablet, 30
2752W *NOUMED AMLODIPINE, VO* – **AMLODIPINE**, amlodipine 10 mg tablet, 30
5551E *Bimprozt, TY* – **BIMATOPROST**, bimatoprost 0.03% eye drops, 3 mL
8620Q *Bimprozt, TY* – **BIMATOPROST**, bimatoprost 0.03% eye drops, 3 mL
2711Q *APX-Doxycycline, TX* – **DOXYCYCLINE**, doxycycline 50 mg tablet, 25
10176N *APX-Doxycycline, TX* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 21
10779H *APX-Doxycycline, TX* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7
2702F *APX-Doxycycline, TX* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7
2709N *APX-Doxycycline, TX* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7
2714W *APX-Doxycycline, TX* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7
3321T *APX-Doxycycline, TX* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7
10022L *Erlotinib APOTEX, TX* – **ERLOTINIB**, erlotinib 25 mg tablet, 30
10028T *Erlotinib APOTEX, TX* – **ERLOTINIB**, erlotinib 25 mg tablet, 30
11263T *Erlotinib APOTEX, TX* – **ERLOTINIB**, erlotinib 25 mg tablet, 30
10019H *Erlotinib APOTEX, TX* – **ERLOTINIB**, erlotinib 100 mg tablet, 30
10020J *Erlotinib APOTEX, TX* – **ERLOTINIB**, erlotinib 100 mg tablet, 30
11260P *Erlotinib APOTEX, TX* – **ERLOTINIB**, erlotinib 100 mg tablet, 30
10014C *Erlotinib APOTEX, TX* – **ERLOTINIB**, erlotinib 150 mg tablet, 30

10025P	<i>Erlotinib APOTEX, TX</i> – ERLOTINIB , erlotinib 150 mg tablet, 30
11259N	<i>Erlotinib APOTEX, TX</i> – ERLOTINIB , erlotinib 150 mg tablet, 30
9169N	<i>Levetiracetam GH, GQ</i> – LEVETIRACETAM , levetiracetam 100 mg/mL oral liquid, 300 mL
10526B	<i>Lurasidone Sandoz, SZ</i> – LURASIDONE , lurasidone hydrochloride 40 mg tablet, 30
10529E	<i>Lurasidone Sandoz, SZ</i> – LURASIDONE , lurasidone hydrochloride 80 mg tablet, 30
1324Q	<i>NOUMED METOPROLOL, VO</i> – METOPROLOL TARTRATE , METOPROLOL TARTRATE Tablet 50 mg, 100
1325R	<i>NOUMED METOPROLOL, VO</i> – METOPROLOL TARTRATE , METOPROLOL TARTRATE Tablet 100 mg, 60
1952R	<i>Rasazil, GQ</i> – RASAGILINE , rasagiline 1 mg tablet, 30
8398B	<i>APX-Sotalol, TY</i> – SOTALOL , sotalol hydrochloride 80 mg tablet, 60
2043M	<i>APX-Sotalol, TY</i> – SOTALOL , sotalol hydrochloride 160 mg tablet, 60
11276L	<i>CIPLA TENOFOVIR + EMTRICITABINE 300/200, LR</i> – TENOFOVIR DISOPROXIL + EMTRICITABINE , tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30

Addition – Equivalence Indicator

10022L	<i>Erlotinib Sandoz, SZ</i> – ERLOTINIB , erlotinib 25 mg tablet, 30
10028T	<i>Erlotinib Sandoz, SZ</i> – ERLOTINIB , erlotinib 25 mg tablet, 30
11263T	<i>Erlotinib Sandoz, SZ</i> – ERLOTINIB , erlotinib 25 mg tablet, 30
10019H	<i>Erlotinib Sandoz, SZ</i> – ERLOTINIB , erlotinib 100 mg tablet, 30
10020J	<i>Erlotinib Sandoz, SZ</i> – ERLOTINIB , erlotinib 100 mg tablet, 30
11260P	<i>Erlotinib Sandoz, SZ</i> – ERLOTINIB , erlotinib 100 mg tablet, 30
10014C	<i>Erlotinib Sandoz, SZ</i> – ERLOTINIB , erlotinib 150 mg tablet, 30
10025P	<i>Erlotinib Sandoz, SZ</i> – ERLOTINIB , erlotinib 150 mg tablet, 30
11259N	<i>Erlotinib Sandoz, SZ</i> – ERLOTINIB , erlotinib 150 mg tablet, 30

Deletions

Deletion – Item

11652G	ACICLOVIR , aciclovir 3% eye ointment, 4.5 g (<i>AciVision</i>)
11654J	ACICLOVIR , aciclovir 3% eye ointment, 4.5 g (<i>AciVision</i>)
12211Q	NORETHISTERONE + ETHINYLESTRADIOL , norethisterone 1 mg + ethinylestradiol 35 microgram tablet [21] (& inert substance tablet [7], 3 x 28 (<i>Pirmella 1/35</i>))

Deletion – Brand

9155W	<i>Andepra, EL</i> – DULOXETINE , duloxetine 30 mg enteric capsule, 28
9156X	<i>Andepra, EL</i> – DULOXETINE , duloxetine 60 mg enteric capsule, 28
3050M	<i>NOUMED PERINDOPRIL, VO</i> – PERINDOPRIL , perindopril erbumine 2 mg tablet, 30
3051N	<i>NOUMED PERINDOPRIL, VO</i> – PERINDOPRIL , perindopril erbumine 4 mg tablet, 30
8704D	<i>NOUMED PERINDOPRIL, VO</i> – PERINDOPRIL , perindopril erbumine 8 mg tablet, 30
2011W	<i>Ransim, RA</i> – SIMVASTATIN , simvastatin 10 mg tablet, 30
9242K	<i>Ransim, RA</i> – SIMVASTATIN , simvastatin 10 mg tablet, 30
8313M	<i>Ransim, RA</i> – SIMVASTATIN , simvastatin 80 mg tablet, 30
9245N	<i>Ransim, RA</i> – SIMVASTATIN , simvastatin 80 mg tablet, 30

Alterations

Alteration – Note

3440C	METHYLPHENIDATE , methylphenidate hydrochloride 10 mg modified release capsule, 30 (<i>Ritalin LA</i>)
2276T	METHYLPHENIDATE , methylphenidate hydrochloride 20 mg modified release capsule, 30 (<i>Ritalin LA</i>)
2280B	METHYLPHENIDATE , methylphenidate hydrochloride 30 mg modified release capsule, 30 (<i>Ritalin LA</i>)
2283E	METHYLPHENIDATE , methylphenidate hydrochloride 40 mg modified release capsule, 30 (<i>Ritalin LA</i>)

12116Q	METHYLPHENIDATE , methylphenidate hydrochloride 60 mg modified release capsule, 30 (<i>Ritalin LA</i>)
2387P	METHYLPHENIDATE , methylphenidate hydrochloride 18 mg modified release tablet, 30 (<i>Concerta</i>)
2172H	METHYLPHENIDATE , methylphenidate hydrochloride 27 mg modified release tablet, 30 (<i>Concerta</i>)
2388Q	METHYLPHENIDATE , methylphenidate hydrochloride 36 mg modified release tablet, 30 (<i>Concerta</i>)
2432B	METHYLPHENIDATE , methylphenidate hydrochloride 54 mg modified release tablet, 30 (<i>Concerta</i>)

Alteration – Restriction

12103B	STIRIPENTOL , stiripentol 250 mg capsule, 60 (<i>Diacomit</i>)
12107F	STIRIPENTOL , stiripentol 500 mg capsule, 60 (<i>Diacomit</i>)
12106E	STIRIPENTOL , stiripentol 250 mg powder for oral liquid, 60 sachets (<i>Diacomit</i>)
12088F	STIRIPENTOL , stiripentol 500 mg powder for oral liquid, 60 sachets (<i>Diacomit</i>)

Alteration – Manufacturer Code

1266P	<i>Cyclonex</i> – CYCLOPHOSPHAMIDE , cyclophosphamide 50 mg tablet, 50	<i>From</i> ZX	<i>To</i> GH
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Alteration – Maximum Quantity

11210B	MESALAZINE , mesalazine 800 mg enteric tablet, 90 (<i>Asacol</i>)	<i>From</i> 2	<i>To</i> 1
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Advance Notices

1 June 2021

Deletion – Brand

1229Q	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 10 000 anti-Xa units/mL injection, 10 x 1 mL syringes
1296F	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 12 500 anti-Xa units/0.5 mL injection, 10 x 0.5 mL syringes
2816F	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 5000 anti-Xa units/0.2 mL injection, 10 x 0.2 mL syringes
5445N	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 12 500 anti-Xa units/0.5 mL injection, 10 x 0.5 mL syringes
8269F	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 10 000 anti-Xa units/mL injection, 10 x 1 mL syringes
8271H	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 7500 anti-Xa units/0.75 mL injection, 10 x 0.75 mL syringes
8603T	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 2500 anti-Xa units/0.2 mL injection, 10 x 0.2 mL syringes
8641T	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 2500 anti-Xa units/0.2 mL injection, 10 x 0.2 mL syringes
8642W	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 5000 anti-Xa units/0.2 mL injection, 10 x 0.2 mL syringes
8643X	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 7500 anti-Xa units/0.75 mL injection, 10 x 0.75 mL syringes
8956J	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 7500 anti-Xa units/0.75 mL injection, 10 x 0.75 mL syringes
8957K	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 10 000 anti-Xa units/mL injection, 10 x 1 mL syringes
8958L	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 12 500 anti-Xa units/0.5 mL injection, 10 x 0.5 mL syringes
8959M	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 15 000 anti-Xa units/0.6 mL injection, 10 x 0.6 mL syringes
8960N	<i>Fragmin, PF</i> – DALTEPARIN SODIUM , dalteparin sodium 18 000 anti-Xa units/0.72 mL injection, 10 x 0.72 mL syringes
8761D	<i>Estradot 25, SZ</i> – ESTRADIOL , estradiol 25 microgram/24 hours patch, 8
8762E	<i>Estradot 37.5, SZ</i> – ESTRADIOL , estradiol 37.5 microgram/24 hours patch, 8
8763F	<i>Estradot 50, SZ</i> – ESTRADIOL , estradiol 50 microgram/24 hours patch, 8

8764G	<i>Estradot 75, SZ</i> – ESTRADIOL , estradiol 75 microgram/24 hours patch, 8
8765H	<i>Estradot 100, SZ</i> – ESTRADIOL , estradiol 100 microgram/24 hours patch, 8
8427M	<i>Estalis continuous 50/140, SZ</i> – ESTRADIOL + NORETHISTERONE ACETATE , estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch, 8
8428N	<i>Estalis continuous 50/250, SZ</i> – ESTRADIOL + NORETHISTERONE ACETATE , estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch, 8
9041W	<i>Leucovorin Calcium (Hospira Pty Limited), PF</i> – FOLINIC ACID , folinic acid 300 mg/30 mL injection, 30 mL vial
8612G	<i>lax-sachets, AE</i> – MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE , macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets
10783M	<i>Junalox, JO</i> – NALOXONE , naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules
10787R	<i>Junalox, JO</i> – NALOXONE , naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules
1659H	<i>Naprosyn, IX</i> – NAPROXEN , naproxen 500 mg tablet, 50
5177L	<i>Naprosyn, IX</i> – NAPROXEN , naproxen 500 mg tablet, 50
8425K	<i>Estalis sequi 50/140, SZ</i> – NORETHISTERONE ACETATE + ESTRADIOL (&) ESTRADIOL , estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch [4], 8
8426L	<i>Estalis sequi 50/250, SZ</i> – NORETHISTERONE ACETATE + ESTRADIOL (&) ESTRADIOL , estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch [4], 8
10062N	<i>Temolide, JU</i> – TEMOZOLOMIDE , temozolomide 180 mg capsule, 5
2438H	<i>Temolide, JU</i> – TEMOZOLOMIDE , temozolomide 180 mg capsule, 5
8380C	<i>Temozolomide Amneal, JO</i> – TEMOZOLOMIDE , temozolomide 100 mg capsule, 5
8821G	<i>Temozolomide Amneal, JO</i> – TEMOZOLOMIDE , temozolomide 100 mg capsule, 5
8460G	<i>Androderm, TB</i> – TESTOSTERONE , testosterone 2.5 mg/24 hours patch, 60
8350L	<i>Tirofiban AC, JO</i> – TIROFIBAN , tirofiban 12.5 mg/50 mL injection, 50 mL vial
5231H	<i>Tramadol ACT, JO</i> – TRAMADOL , tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules
8582Q	<i>Tramadol ACT, JO</i> – TRAMADOL , tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

1 July 2021

Deletion – Brand

1269T	<i>Androcur, BN</i> – CYPROTERONE , cyproterone acetate 50 mg tablet, 20
8180M	<i>Roferon-A, RO</i> – INTERFERON ALFA-2A , interferon alfa-2a 3 million units (11.111 microgram)/0.5 mL injection, 0.5 mL syringe
8181N	<i>Roferon-A, RO</i> – INTERFERON ALFA-2A , interferon alfa-2a 3 million units (11.111 microgram)/0.5 mL injection, 0.5 mL syringe
8184R	<i>Roferon-A, RO</i> – INTERFERON ALFA-2A , interferon alfa-2a 9 million units (33.333 microgram)/0.5 mL injection, 0.5 mL syringe
8553E	<i>Roferon-A, RO</i> – INTERFERON ALFA-2A , interferon alfa-2a 9 million units (33.333 microgram)/0.5 mL injection, 0.5 mL syringe

1 August 2021

Deletion – Brand

10888C	<i>Bydureon, AP</i> – EXENATIDE , exenatide 2 mg modified release injection [1 chamber] (&) inert substance diluent [1 chamber], 4 dual chamber pen devices
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1 October 2021

Deletion – Brand

10703H	<i>Mabthera SC, RO</i> – RITUXIMAB , rituximab 1.4 g/11.7 mL injection, 11.7 mL vial
10709P	<i>Mabthera SC, RO</i> – RITUXIMAB , rituximab 1.4 g/11.7 mL injection, 11.7 mL vial
10719E	<i>Mabthera SC, RO</i> – RITUXIMAB , rituximab 1.4 g/11.7 mL injection, 11.7 mL vial
10742J	<i>Mabthera SC, RO</i> – RITUXIMAB , rituximab 1.4 g/11.7 mL injection, 11.7 mL vial
11988Y	<i>Mabthera SC, RO</i> – RITUXIMAB , rituximab 1.4 g/11.7 mL injection, 11.7 mL vial

1 January 2022

Deletion – Brand

11050N *Lynparza, AP* – **OLAPARIB**, olaparib 50 mg capsule, 4 x 112

Palliative Care

Advance Notices

1 June 2021

Deletion – Brand

5389P *lax-sachets, AE* – **MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE**, macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

5346J *Naprosyn, IX* – **NAPROXEN**, naproxen 500 mg tablet, 50

Highly Specialised Drugs Program (Private Hospital)

Advance Notices

1 July 2021

Deletion – Brand

6210W *Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units (11.111 microgram)/0.5 mL injection, 0.5 mL syringe

6213B *Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units (33.333 microgram)/0.5 mL injection, 0.5 mL syringe

Highly Specialised Drugs Program (Public Hospital)

Advance Notices

1 July 2021

Deletion – Brand

5759D *Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units (11.111 microgram)/0.5 mL injection, 0.5 mL syringe

5762G *Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units (33.333 microgram)/0.5 mL injection, 0.5 mL syringe

Highly Specialised Drugs Program (Community Access)

Additions

Addition – Brand

10347N *CIPLA TENOFOVIR + EMTRICITABINE 300/200, LR* – **TENOFOVIR DISOPROXIL + EMTRICITABINE**, tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30

Advance Notices

1 July 2021

Deletion – Brand

10279B *Baraclude, BQ* – **ENTECAVIR**, entecavir 500 microgram tablet, 30

10353X *Baraclude, BQ* – **ENTECAVIR**, entecavir 1 mg tablet, 30

10317B *Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 3 million units (11.111 microgram)/0.5 mL injection, 0.5 mL syringe

10369R *Roferon-A, RO* – **INTERFERON ALFA-2A**, interferon alfa-2a 9 million units (33.333 microgram)/0.5 mL injection, 0.5 mL syringe

Growth Hormone Program

Advance Notices

1 June 2021

Deletion – Brand

10447W *Zomacton, FP* – **SOMATROPIN**, somatropin 4 mg injection [1 vial] (&) inert substance diluent [1 vial], 1 pack

10452D *Zomacton, FP* – **SOMATROPIN**, somatropin 4 mg injection [1 vial] (&) inert substance diluent [1 vial], 1 pack

6266T *Zomacton, FP* – **SOMATROPIN**, somatropin 4 mg injection [1 vial] (&) inert substance diluent [1 vial], 1 pack

Repatriation Pharmaceutical Benefits

Advance Notices

1 June 2021

Deletion – Brand

- 4642H *Mepilex Border 295200, MH* – **DRESSING FOAM WITH SILICONE HEAVY EXUDATE**, dressing foam with silicone heavy exudate 7.5 cm x 7.5 cm dressing, 5
- 4643J *Mepilex Border 295300, MH* – **DRESSING FOAM WITH SILICONE HEAVY EXUDATE**, dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 5

General Pharmaceutical Benefits

▪ ACICLOVIR

Restricted benefit

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

5501M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
OP	‡1	33.47	34.76	ViruPOS [AE]

▪ ACICLOVIR

Note Shared Care Model:

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

Restricted benefit

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

1002R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡1	33.47	34.76	ViruPOS [AE]

▪ CANNABIDIOL

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Requests for increased quantities may be sought based on daily doses not exceeding 20 mg/kg/day (in line with the Product Information) for up to 4 weeks per dispensing.

Note PBS-subsidy does not currently include Lennox-Gastaut syndrome

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

Note Special Pricing Arrangements apply.

Authority required

Severe myoclonic epilepsy in infancy (Dravet syndrome)

Clinical criteria:

- Patient must have (as an initiating patient)/have had (as a continuing patient), generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other anti-epileptic drugs, **AND**
- The treatment must be as adjunctive therapy to at least two other anti-epileptic drugs.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; OR
- Must be treated by a neurologist if treatment is being continued or re-initiated; OR
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; OR
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

cannabidiol 100 mg/mL oral liquid, 100 mL

12467E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	2006.37	41.30	Epidyolex [EU]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

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

Ulcerative colitis

mesalazine 1.6 g enteric tablet, 60

12463Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	4	..	*236.88	41.30	Asacol [EU]

■ METHYLPHENIDATE**Note Continuing Therapy Only:**

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

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only. Divided dosing is not intended (e.g. 18 mg in the mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought, repeats should only be sought for the listed target strength.

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

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

Authority required

Attention deficit hyperactivity disorder


Population criteria:

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

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg with this drug.

methylphenidate hydrochloride 36 mg modified release tablet, 30

2388Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	62.78	41.30	Concerta [JC]

■ METHYLPHENIDATE**Note Continuing Therapy Only:**

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

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only. Divided dosing is not intended (e.g. 18 mg in the mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought, repeats should only be sought for the listed target strength.

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

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

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

Authority required

Attention deficit hyperactivity disorder

Population criteria:

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


Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg with this drug.


methylphenidate hydrochloride 18 mg modified release tablet, 30

2387P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	54.51	41.30	Concerta [JC]

methylphenidate hydrochloride 54 mg modified release tablet, 30

2432B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	71.93	41.30	Concerta [JC]

methylphenidate hydrochloride 27 mg modified release tablet, 30

2172H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	58.65	41.30	Concerta [JC]

■ METHYLPHENIDATE**Note Continuing Therapy Only:**

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

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only. Divided dosing is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought, repeats should only be sought for the listed target strength.

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

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

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Attention deficit hyperactivity disorder

Population criteria:

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

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg with this drug.

methylphenidate hydrochloride 40 mg modified release capsule, 30

2283E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	57.75	41.30	Ritalin LA [NV]

▪ **METHYLPHENIDATE**

Note Continuing Therapy Only:

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

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only. Divided dosing is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought, repeats should only be sought for the listed target strength.

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

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

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

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Attention deficit hyperactivity disorder


Population criteria:

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


Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg with this drug.


methylphenidate hydrochloride 60 mg modified release capsule, 30

12116Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	71.67	41.30	Ritalin LA [NV]


methylphenidate hydrochloride 10 mg modified release capsule, 30

3440C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	38.49	39.78	Ritalin LA [NV]

methylphenidate hydrochloride 20 mg modified release capsule, 30

2276T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	47.76	41.30	Ritalin LA [NV]

methylphenidate hydrochloride 30 mg modified release capsule, 30

2280B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	55.22	41.30	Ritalin LA [NV]

▪ **STIRIPENTOL**

Authority required (STREAMLINED)

11642

Severe myoclonic epilepsy in infancy (Dravet syndrome)

Clinical criteria:

- Patient must have (as an initiating patient)/have had (as a continuing patient), generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other anti-epileptic drugs, **AND**
- The treatment must be as adjunctive therapy to at least two other anti-epileptic drugs.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; OR
- Must be treated by a neurologist if treatment is being continued or re-initiated; OR
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; OR
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

stiripentol 250 mg capsule, 60

12103B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	3	..	*668.58	41.30	Diacomit [EU]

stiripentol 500 mg capsule, 60

12107F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	3	..	*1294.46	41.30	Diacomit [EU]

stiripentol 500 mg powder for oral liquid, 60 sachets

12088F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	3	..	*1294.46	41.30	Diacomit [EU]

stiripentol 250 mg powder for oral liquid, 60 sachets

12106E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	3	..	*668.58	41.30	Diacomit [EU]