



Australian Government

**Department of Health
and Aged Care**



Schedule of Pharmaceutical Benefits

Summary of Changes

Effective 1 September 2023



Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 September 2023 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	\$8.37
	Dangerous drug fee	\$5.18
	Extemporaneously-prepared	\$10.41
	Allowable additional patient charge*	\$3.29
Additional Fees (for safety net prices):	Ready-prepared	\$1.40
	Extemporaneously-prepared	\$1.80
Patient Co-payments:	General	\$30.00
	Concessional	\$7.30
Safety Net Thresholds:	General	\$1563.50
	Concessional	\$262.80
Safety Net Card Issue Fee:		\$11.42

* 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 2023. The Schedule is updated on the first day of each month and is available on the internet at www.pbs.gov.au.

Prescriber Bag

Additions

Addition – Item

13625D **GLUCAGON HYDROCHLORIDE**, glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack (*GlucaGen Hypokit (Germany)*)

Addition – Equivalence Indicator

3467L *GlucaGen Hypokit, NO* – **GLUCAGON HYDROCHLORIDE**, glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

Addition – Note

3467L **GLUCAGON HYDROCHLORIDE**, glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack (*GlucaGen Hypokit*)

Alterations

Alteration – Manufacturer Code

		From	To
3455W	<i>Largactil</i> – CHLORPROMAZINE , chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules	SW	IX

General Pharmaceutical Benefits

Additions

Addition – Item

13363H **ADAPALENE + BENZOYL PEROXIDE**, adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g (*Epiduo*)

13499L **ALENDRONATE**, alendronate 70 mg tablet, 4 (*APO-Alendronate, Alendronate Sandoz, Fonat*)

13358C **ALLOPURINOL**, allopurinol 100 mg tablet, 200 (*Allopurinol APOTEX, Allopurinol Sandoz, Allosig, NOUMED ALLOPURINOL, Pro gout 100, Zyloprim*)

13575L **ALLOPURINOL**, allopurinol 300 mg tablet, 60 (*Allopurinol APOTEX, Allopurinol Sandoz, Allosig, NOUMED ALLOPURINOL, Pro gout 300, Zyloprim*)

13410T **AMILORIDE + HYDROCHLOROTHIAZIDE**, amiloride hydrochloride dihydrate 5 mg + hydrochlorothiazide 50 mg tablet, 50 (*Moduretic*)

13615N **AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES**, amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides with 2-fucosyllactose and lacto-N-neotetraose powder for oral liquid, 400 g (*Alfamino*)

13627F **AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES**, amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides with 2-fucosyllactose and lacto-N-neotetraose powder for oral liquid, 400 g (*Alfamino*)

13532F **AMLODIPINE**, amlodipine 5 mg tablet, 30 (*APO-Amlodipine, Amlodipine 5, Amlodipine APOTEX, Amlodipine Amneal, Amlodipine GH, Amlodipine Sandoz, BTC Amlodipine, Blooms Amlodipine, Blooms the Chemist Amlodipine, NOUMED AMLODIPINE, Nordip, Norvapine, Norvasc, Pharmacor Amlodipine*)

13562T	AMLODIPINE , amlodipine 10 mg tablet, 30 (<i>APO-Amlodipine, Amlo 10, Amlodipine APOTEX, Amlodipine Amneal, Amlodipine GH, Amlodipine Sandoz, BTC Amlodipine, Blooms Amlodipine, Blooms the Chemist Amlodipine, NOUMED AMLODIPINE, Nordip, Norvapine, Norvasc, Pharmacor Amlodipine</i>)
13596N	AMLODIPINE + ATORVASTATIN , amlodipine 5 mg + atorvastatin 10 mg tablet, 30 (<i>Cadivast 5/10</i>)
13567C	AMLODIPINE + ATORVASTATIN , amlodipine 5 mg + atorvastatin 20 mg tablet, 30 (<i>Cadivast 5/20</i>)
13415C	AMLODIPINE + ATORVASTATIN , amlodipine 5 mg + atorvastatin 40 mg tablet, 30 (<i>Cadivast 5/40, Caduet 5/40</i>)
13597P	AMLODIPINE + ATORVASTATIN , amlodipine 5 mg + atorvastatin 80 mg tablet, 30 (<i>Cadivast 5/80, Caduet 5/80</i>)
13479K	AMLODIPINE + ATORVASTATIN , amlodipine 10 mg + atorvastatin 10 mg tablet, 30 (<i>Cadivast 10/10, Caduet 10/10</i>)
13384K	AMLODIPINE + ATORVASTATIN , amlodipine 10 mg + atorvastatin 20 mg tablet, 30 (<i>Cadivast 10/20, Caduet 10/20</i>)
13536K	AMLODIPINE + ATORVASTATIN , amlodipine 10 mg + atorvastatin 40 mg tablet, 30 (<i>Cadivast 10/40, Caduet 10/40</i>)
13421J	AMLODIPINE + VALSARTAN , amlodipine 5 mg + valsartan 80 mg tablet, 28 (<i>Exforge 5/80, Valsartan/Amlodipine Novartis 80/5</i>)
13516J	AMLODIPINE + VALSARTAN , amlodipine 5 mg + valsartan 160 mg tablet, 28 (<i>Exforge 5/160, Valsartan/Amlodipine Novartis 160/5</i>)
13604B	AMLODIPINE + VALSARTAN , amlodipine 5 mg + valsartan 320 mg tablet, 28 (<i>Exforge 5/320, Valsartan/Amlodipine Novartis 320/5</i>)
13454D	AMLODIPINE + VALSARTAN , amlodipine 10 mg + valsartan 160 mg tablet, 28 (<i>Exforge 10/160, Valsartan/Amlodipine Novartis 160/10</i>)
13389Q	AMLODIPINE + VALSARTAN , amlodipine 10 mg + valsartan 320 mg tablet, 28 (<i>Exforge 10/320, Valsartan/Amlodipine Novartis 320/10</i>)
13448T	AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE , amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28 (<i>Exforge HCT 5/160/12.5, Valsartan/Amlodipine/HCT Novartis 160/5/12.5</i>)
13603Y	AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE , amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28 (<i>Exforge HCT 5/160/25, Valsartan/Amlodipine/HCT Novartis 160/5/25</i>)
13390R	AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE , amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28 (<i>Exforge HCT 10/160/25, Valsartan/Amlodipine/HCT Novartis 160/10/25</i>)
13514G	AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE , amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28 (<i>Exforge HCT 10/160/12.5, Valsartan/Amlodipine/HCT Novartis 160/10/12.5</i>)
13573J	AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE , amlodipine 10 mg + valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28 (<i>Exforge HCT 10/320/25, Valsartan/Amlodipine/HCT Novartis 320/10/25</i>)
13464P	APIXABAN , apixaban 2.5 mg tablet, 60 (<i>Eliquis</i>)
13525W	APIXABAN , apixaban 5 mg tablet, 60 (<i>Eliquis</i>)
13600T	ATENOLOL , atenolol 50 mg/10 mL oral liquid, 300 mL (<i>Atenolol-AFT</i>)
13540P	ATENOLOL , atenolol 50 mg tablet, 30 (<i>APO-Atenolol, APX-Atenolol, Atenolol Amneal, Atenolol GH, Atenolol Sandoz, Noten, Tenormin, Tensig</i>)
13495G	ATORVASTATIN , atorvastatin 10 mg tablet, 30 (<i>APO-Atorvastatin, Atorvachol, Atorvastatin GH, Atorvastatin SZ, Blooms the Chemist Atorvastatin, Lipitor, Lorstat 10, NOUMED ATORVASTATIN, Pharmacor Atorvastatin, Trovas</i>)
13529C	ATORVASTATIN , atorvastatin 20 mg tablet, 30 (<i>APO-Atorvastatin, Atorvachol, Atorvastatin GH, Atorvastatin SZ, Blooms the Chemist Atorvastatin, Lipitor, Lorstat 20, NOUMED ATORVASTATIN, Pharmacor Atorvastatin, Trovas</i>)
13468W	ATORVASTATIN , atorvastatin 40 mg tablet, 30 (<i>APO-Atorvastatin, Atorvachol, Atorvastatin GH, Atorvastatin SZ, Blooms the Chemist Atorvastatin, Lipitor, Lorstat 40, NOUMED ATORVASTATIN, Pharmacor Atorvastatin, Trovas</i>)
13374X	ATORVASTATIN , atorvastatin 80 mg tablet, 30 (<i>APO-Atorvastatin, Atorvachol, Atorvastatin GH, Atorvastatin SZ, Blooms the Chemist Atorvastatin, Lipitor, Lorstat 80, NOUMED ATORVASTATIN, Pharmacor Atorvastatin, Trovas</i>)

13623B	AZACITIDINE , azacitidine 200 mg tablet, 7 (<i>Onureg</i>)
13619T	AZACITIDINE , azacitidine 300 mg tablet, 7 (<i>Onureg</i>)
13624C	AZACITIDINE , azacitidine 300 mg tablet, 7 (<i>Onureg</i>)
13522Q	BACLOFEN , baclofen 10 mg tablet, 100 (<i>APO-Baclofen, Clofen 10, Lioresal 10, Stelax 10</i>)
13359D	BACLOFEN , baclofen 25 mg tablet, 100 (<i>APO-Baclofen, Clofen 25, Lioresal 25, Stelax 25</i>)
13484Q	BALSALAZIDE , balsalazide sodium 750 mg capsule, 280 (<i>Colazide</i>)
13419G	BISOPROLOL , bisoprolol fumarate 2.5 mg tablet, 28 (<i>APO-Bisoprolol, Bicard 2.5, Bicolor, Bisoprolol Dr.Reddy's, Bisoprolol Sandoz, Bisoprolol generichealth, Bispro 2.5, Cipla Bisoprolol, NOUMED BISOPROLOL</i>)
13443M	BISOPROLOL , bisoprolol fumarate 5 mg tablet, 28 (<i>APO-Bisoprolol, Bicard 5, Bicolor, Bisoprolol Dr.Reddy's, Bisoprolol Sandoz, Bisoprolol generichealth, Bispro 5, Cipla Bisoprolol, NOUMED BISOPROLOL</i>)
13444N	BISOPROLOL , bisoprolol fumarate 10 mg tablet, 28 (<i>APO-Bisoprolol, Bicard 10, Bicolor, Bisoprolol Dr.Reddy's, Bisoprolol Sandoz, Bisoprolol generichealth, Bispro 10, Cipla Bisoprolol, NOUMED BISOPROLOL</i>)
13520N	CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE , calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% foam, 60 g (<i>Enstilar</i>)
13577N	CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE , calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% ointment, 30 g (<i>Calcipotriol/Betamethasone Sandoz 50/500, Daivobet</i>)
13457G	CALCITRIOL , calcitriol 0.25 microgram capsule, 100 (<i>APO-Calcitriol, CALITROL, Calciprox, Calcitriol AN, Kosteol, Rocaltrol, Sical</i>)
13485R	CALCIUM , calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120 (<i>Cal-500</i>)
13547B	CALCIUM , calcium carbonate 1.5 g (calcium 600 mg) tablet, 240 (<i>Calci-Tab 600</i>)
13592J	CANDESARTAN , candesartan cilexetil 4 mg tablet, 30 (<i>APO-Candesartan, Adesan, Atacand, BTC Candesartan, Blooms the Chemist Candesartan, CANDESAN, Candesartan Sandoz, NOUMED CANDESARTAN</i>)
13436E	CANDESARTAN , candesartan cilexetil 8 mg tablet, 30 (<i>APO-Candesartan, Adesan, Atacand, BTC Candesartan, Blooms the Chemist Candesartan, CANDESAN, Candesartan Sandoz, NOUMED CANDESARTAN</i>)
13565Y	CANDESARTAN , candesartan cilexetil 16 mg tablet, 30 (<i>APO-Candesartan, Adesan, Atacand, BTC Candesartan, Blooms the Chemist Candesartan, CANDESAN, Candesartan Sandoz, NOUMED CANDESARTAN</i>)
13438G	CANDESARTAN , candesartan cilexetil 32 mg tablet, 30 (<i>APO-Candesartan, Adesan, Atacand, BTC Candesartan, Blooms the Chemist Candesartan, CANDESAN, Candesartan Sandoz, NOUMED CANDESARTAN</i>)
13391T	CANDESARTAN + HYDROCHLOROTHIAZIDE , candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30 (<i>APO-Candesartan HCTZ 16/12.5, Adesan HCT 16/12.5, Atacand Plus 16/12.5, Blooms the Chemist Candesartan HCTZ 16/12.5, CANDESAN COMBI 16/12.5, Candesartan/HCT Sandoz, NOUMED CANDESARTAN/HCT</i>)
13452B	CANDESARTAN + HYDROCHLOROTHIAZIDE , candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30 (<i>APO-Candesartan HCTZ 32/12.5, Adesan HCT 32/12.5, Atacand Plus 32/12.5, Blooms the Chemist Candesartan HCTZ 32/12.5, CANDESAN COMBI 32/12.5, Candesartan/HCT Sandoz, NOUMED CANDESARTAN/HCT</i>)
13392W	CANDESARTAN + HYDROCHLOROTHIAZIDE , candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30 (<i>APO-Candesartan HCTZ 32/25, Adesan HCT 32/25, Atacand Plus 32/25, Blooms the Chemist Candesartan HCTZ 32/25, CANDESAN COMBI 32/25, Candesartan/HCT Sandoz, NOUMED CANDESARTAN/HCT</i>)
13417E	CARVEDILOL , carvedilol 6.25 mg tablet, 60 (<i>APO-Carvedilol, Carvedilol Sandoz, Carvidol, Dicarz, Dilatrend 6.25, Vedilol 6.25, Volirop 6.25</i>)
13418F	CARVEDILOL , carvedilol 12.5 mg tablet, 60 (<i>APO-Carvedilol, Carvedilol Sandoz, Carvidol, Dicarz, Dilatrend 12.5, Vedilol 12.5, Volirop 12.5</i>)
13387N	CARVEDILOL , carvedilol 25 mg tablet, 60 (<i>APO-Carvedilol, Carvedilol Sandoz, Carvidol, Dicarz, Dilatrend 25, Vedilol 25, Volirop 25</i>)
13500M	CHLORTALIDONE , chlortalidone 25 mg tablet, 50 (<i>Hygroton 25</i>)
13578P	CLONIDINE , clonidine hydrochloride 100 microgram tablet, 100 (<i>APO-Clonidine, Catapres 100, Clonidine Lupin</i>)
13548C	CLONIDINE , clonidine hydrochloride 150 microgram tablet, 100 (<i>Catapres</i>)
13365K	CLOPIDOGREL , clopidogrel 75 mg tablet, 28 (<i>BTC Clopidogrel, Clopidogrel GH, Clovix 75, Plidogrel</i>)

13399F	CLOPIDOGREL , clopidogrel 75 mg tablet, 28 (<i>Clopidogrel Lupin, Clopidogrel Sandoz Pharma, Clopidogrel Winthrop, Iscover, Piax, Plavitor 75</i>)
13427Q	CLOPIDOGREL + ASPIRIN , clopidogrel 75 mg + aspirin 100 mg tablet, 30 (<i>APX-Clopidogrel/Aspirin 75/100, CLOPIDOGREL/ASPIRIN AN 75/100, Clopidogrel Winthrop plus aspirin, DuoCover, DuoPlidogrel, Piax Plus Aspirin</i>)
13523R	DABIGATRAN , dabigatran etexilate 110 mg capsule, 60 (<i>Pradaxa</i>)
13489Y	DABIGATRAN , dabigatran etexilate 150 mg capsule, 60 (<i>Pradaxa</i>)
13369P	ENALAPRIL , enalapril maleate 5 mg tablet, 30 (<i>APO-Enalapril, Acetec, Enalapril Sandoz, Enalapril generichealth, Malean</i>)
13465Q	ENALAPRIL , enalapril maleate 10 mg tablet, 30 (<i>APO-Enalapril, Acetec, Enalapril Sandoz, Enalapril generichealth, Malean, Renitec</i>)
13401H	ENALAPRIL , enalapril maleate 20 mg tablet, 30 (<i>APO-Enalapril, Acetec, Enalapril Sandoz, Enalapril generichealth, Malean, Renitec 20</i>)
13439H	ENALAPRIL + HYDROCHLOROTHIAZIDE , enalapril maleate 20 mg + hydrochlorothiazide 6 mg tablet, 30 (<i>Enalapril/HCT Sandoz, Renitec Plus 20/6</i>)
13590G	EPLERENONE , eplerenone 25 mg tablet, 30 (<i>APO-Eplerenone, ESPLER, Inpler, Inspra</i>)
13379E	EPLERENONE , eplerenone 50 mg tablet, 30 (<i>APO-Eplerenone, ESPLER, Inpler, Inspra</i>)
13440J	EZETIMIBE , ezetimibe 10 mg tablet, 30 (<i>APO-Ezetimibe, BTC Ezetimibe, Blooms The Chemist Ezetimibe, EZEMICHOL, Ezetimibe GH, Ezetimibe Sandoz, Ezetrol, Pharmacor Ezetimibe 10, Zient 10mg</i>)
13480L	EZETIMIBE (&) ROSUVASTATIN , ezetimibe 10 mg tablet [30] (&) rosuvastatin 20 mg tablet [30], 60 (<i>Ezalo Composite Pack 10mg+20mg, Pharmacor Ezetimibe Rosuvastatin Composite Pack, Rosuzet Composite Pack</i>)
13537L	EZETIMIBE (&) ROSUVASTATIN , ezetimibe 10 mg tablet [30] (&) rosuvastatin 40 mg tablet [30], 60 (<i>Ezalo Composite Pack 10mg+40mg, Pharmacor Ezetimibe Rosuvastatin Composite Pack, Rosuzet Composite Pack</i>)
13569E	EZETIMIBE (&) ROSUVASTATIN , ezetimibe 10 mg tablet [30] (&) rosuvastatin 10 mg tablet [30], 60 (<i>Ezalo Composite Pack 10mg+10mg, Pharmacor Ezetimibe Rosuvastatin Composite Pack, Rosuzet Composite Pack</i>)
13629H	EZETIMIBE (&) ROSUVASTATIN , ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60 (<i>Ezalo Composite Pack 10mg+5mg, Rosuzet Composite Pack</i>)
13539N	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 10 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/10</i>)
13622Y	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 20 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/20</i>)
13416D	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 40 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/40</i>)
13538M	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 80 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/80</i>)
13385L	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 10 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/10, EZESIM 10/10, EZETIMIBE/SIMVASTATIN SANDOZ, EZETORIN, EZEVYT 10/10, EzSimva GH 10/10, Pharmacor Ezetimibe Simvastatin 10/10, Vytorin, Zeklen 10/10 mg</i>)
13442L	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 20 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/20, EZESIM 10/20, EZETIMIBE/SIMVASTATIN SANDOZ, EZETORIN, EZEVYT 10/20, EzSimva GH 10/20, Pharmacor Ezetimibe Simvastatin 10/20, Vytorin, Zeklen 10/20 mg</i>)
13535J	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 40 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/40, EZESIM 10/40, EZETIMIBE/SIMVASTATIN SANDOZ, EZETORIN, EZEVYT 10/40, EzSimva GH 10/40, Pharmacor Ezetimibe Simvastatin 10/40, Vytorin, Zeklen 10/40 mg</i>)
13595M	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 80 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/80, EZESIM 10/80, EZETIMIBE/SIMVASTATIN SANDOZ, EZETORIN, EZEVYT 10/80, EzSimva GH 10/80, Pharmacor Ezetimibe Simvastatin 10/80, Vytorin, Zeklen 10/80 mg</i>)
13519M	FEBUXOSTAT , febuxostat 80 mg tablet, 28 (<i>Adenuric</i>)
13377C	FELODIPINE , felodipine 2.5 mg modified release tablet, 30 (<i>Felodur ER 2.5 mg, Fendex ER, Plendil ER</i>)
13561R	FELODIPINE , felodipine 5 mg modified release tablet, 30 (<i>Felodil XR 5, Felodur ER 5 mg, Fendex ER, Plendil ER</i>)
13531E	FELODIPINE , felodipine 10 mg modified release tablet, 30 (<i>Felodil XR 10, Felodur ER 10 mg, Fendex ER, Plendil ER</i>)

13469X	FENOFIBRATE , fenofibrate 48 mg tablet, 60 (<i>APO-Fenofibrate, FENOFIBRATE RBX, Fenofibrate Cipla, Fenofibrate Viatris, Lipidil</i>)
13587D	FENOFIBRATE , fenofibrate 145 mg tablet, 30 (<i>APO-Fenofibrate, Blooms the Chemist Fenofibrate, FENOFIBRATE RBX, Fenocol, Fenofibrate Cipla, Fenofibrate Sandoz, Fenofibrate Viatris, Lipidil</i>)
13558N	FLUVASTATIN , fluvastatin 80 mg modified release tablet, 28 (<i>Lescol XL</i>)
13504R	FUROSEMIDE , furosemide 10 mg/mL oral liquid, 30 mL (<i>Lasix</i>)
13473D	FUROSEMIDE , furosemide 20 mg tablet, 100 (<i>APO-Frusemide, FUROSEMIDE AN, Frusemix-M</i>)
13501N	FUROSEMIDE , furosemide 20 mg tablet, 50 (<i>Frusemix-M, Urex-M</i>)
13472C	FUROSEMIDE , furosemide 40 mg tablet, 100 (<i>APO-Frusemide, FUROSEMIDE AN, Frusax, Frusemix, NOUMED FUROSEMIDE, Uremide, Urex</i>)
13474E	FUROSEMIDE , furosemide 500 mg tablet, 50 (<i>Urex-Forte</i>)
13618R	GEMFIBROZIL , gemfibrozil 600 mg tablet, 60 (<i>Ausgem, Lipigem</i>)
13612K	GLUCAGON HYDROCHLORIDE , glucagon hydrochloride 1 mg injection [1 vial] (& inert substance diluent [1 mL syringe], 1 pack (<i>GlucaGen Hypokit (Germany)</i>))
13614M	GLUCAGON HYDROCHLORIDE , glucagon hydrochloride 1 mg injection [1 vial] (& inert substance diluent [1 mL syringe], 1 pack (<i>GlucaGen Hypokit (Germany)</i>))
13490B	GLYCERYL TRINITRATE , glyceryl trinitrate 5 mg/24 hours patch, 30 (<i>Transiderm-Nitro 25</i>)
13580R	GLYCERYL TRINITRATE , glyceryl trinitrate 10 mg/24 hours patch, 30 (<i>Transiderm-Nitro 50</i>)
13549D	GLYCERYL TRINITRATE , glyceryl trinitrate 400 microgram/actuation spray, 200 actuations (<i>Nitrolingual Pumpspray</i>)
13409R	HYDROCHLOROTHIAZIDE , hydrochlorothiazide 25 mg tablet, 100 (<i>Dithiazide</i>)
13475F	INDAPAMIDE , indapamide hemihydrate 1.5 mg modified release tablet, 90 (<i>APO-Indapamide SR, Natrilix SR, Odaplix SR, Tenaxil SR</i>)
13378D	INDAPAMIDE , indapamide hemihydrate 2.5 mg tablet, 90 (<i>Dapa-Tabs, Insig</i>)
13435D	IRBESARTAN , irbesartan 75 mg tablet, 30 (<i>APO-Irbesartan, AVSARTAN, Abisart 75, Avapro, Blooms the Chemist Irbesartan, Irbesartan AMNEAL, Irbesartan AN, Irbesartan GH, Irbesartan Sandoz, Karvea, Noumed Irbesartan</i>)
13380F	IRBESARTAN , irbesartan 150 mg tablet, 30 (<i>APO-Irbesartan, AVSARTAN, Abisart 150, Avapro, Blooms the Chemist Irbesartan, Irbesartan GH, Irbesartan Sandoz, Karvea, Noumed Irbesartan</i>)
13564X	IRBESARTAN , irbesartan 300 mg tablet, 30 (<i>APO-Irbesartan, AVSARTAN, Abisart 300, Avapro, Blooms the Chemist Irbesartan, Irbesartan AN, Irbesartan GH, Irbesartan Sandoz, Karvea, Noumed Irbesartan</i>)
13572H	IRBESARTAN + HYDROCHLOROTHIAZIDE , irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30 (<i>APO-Irbesartan HCTZ, AVSARTAN HCT 150/12.5, Abisart HCTZ 150/12.5, Avapro HCT 150/12.5, Blooms the Chemist Irbesartan HCTZ 150/12.5, Irbesartan/HCT Sandoz, Karvezide 150/12.5</i>)
13545X	IRBESARTAN + HYDROCHLOROTHIAZIDE , irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30 (<i>APO-Irbesartan HCTZ, AVSARTAN HCT 300/12.5, Abisart HCTZ 300/12.5, Avapro HCT 300/12.5, Blooms the Chemist Irbesartan HCTZ 300/12.5, Irbesartan/HCT Sandoz, Karvezide 300/12.5</i>)
13446Q	IRBESARTAN + HYDROCHLOROTHIAZIDE , irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30 (<i>APO-Irbesartan HCTZ, AVSARTAN HCT 300/25, Abisart HCTZ 300/25, Avapro HCT 300/25, Blooms the Chemist Irbesartan HCTZ 300/25, Irbesartan/HCT Sandoz, Karvezide 300/25</i>)
13491C	ISOSORBIDE DINITRATE , isosorbide dinitrate 5 mg sublingual tablet, 100 (<i>Isordil Sublingual</i>)
13461L	ISOSORBIDE MONONITRATE , isosorbide mononitrate 60 mg modified release tablet, 30 (<i>APO-Isosorbide Mononitrate, Duride, ISOBIDE MR, Imdur Durule, Isosorbide AN, Monodur 60 mg</i>)
13611J	ISOSORBIDE MONONITRATE , isosorbide mononitrate 120 mg modified release tablet, 30 (<i>Imdur 120 mg, Monodur 120 mg</i>)
13411W	LERCANIDIPINE , lercanidipine hydrochloride 10 mg tablet, 28 (<i>BTC Lercanidipine, Lercanidipine APOTEX, Zandip, Zircol 10</i>)
13412X	LERCANIDIPINE , lercanidipine hydrochloride 20 mg tablet, 28 (<i>BTC Lercanidipine, Lercanidipine APOTEX, Zandip, Zircol 20</i>)
13507X	LERCANIDIPINE + ENALAPRIL , lercanidipine hydrochloride 10 mg + enalapril maleate 10 mg tablet, 28 (<i>Zan-Extra 10/10</i>)

13477H	LERCANIDIPINE + ENALAPRIL , lercanidipine hydrochloride 10 mg + enalapril maleate 20 mg tablet, 28 (<i>Zan-Extra 10/20</i>)
13583X	LISINOPRIL , lisinopril 5 mg tablet, 30 (<i>APO-Lisinopril, Fibsol 5, Lisinopril Sandoz, Zestril, Zinopril 5</i>)
13584Y	LISINOPRIL , lisinopril 10 mg tablet, 30 (<i>APO-Lisinopril, Fibsol 10, Lisinopril Sandoz, Zestril, Zinopril 10</i>)
13402J	LISINOPRIL , lisinopril 20 mg tablet, 30 (<i>APO-Lisinopril, Fibsol 20, Lisinopril Sandoz, Lisinopril generichealth, Zestril, Zinopril 20</i>)
13361F	MESALAZINE , mesalazine 500 mg modified release granules, 100 sachets (<i>Salofalk</i>)
13355X	MESALAZINE , mesalazine 1 g modified release granules, 100 sachets (<i>Pentasa</i>)
13398E	MESALAZINE , mesalazine 1 g modified release granules, 100 sachets (<i>Salofalk</i>)
13460K	MESALAZINE , mesalazine 1.5 g modified release granules, 60 sachets (<i>Salofalk</i>)
13397D	MESALAZINE , mesalazine 2 g modified release granules, 60 sachets (<i>Pentasa</i>)
13518L	MESALAZINE , mesalazine 3 g modified release granules, 30 sachets (<i>Salofalk</i>)
13456F	MESALAZINE , mesalazine 4 g modified release granules, 30 sachets (<i>Pentasa</i>)
13423L	MESALAZINE , mesalazine 250 mg enteric tablet, 100 (<i>Mesasal</i>)
13362G	MESALAZINE , mesalazine 500 mg enteric tablet, 100 (<i>Salofalk</i>)
13396C	MESALAZINE , mesalazine 500 mg modified release tablet, 100 (<i>Pentasa</i>)
13422K	MESALAZINE , mesalazine 800 mg enteric tablet, 90 (<i>Asacol</i>)
13394Y	MESALAZINE , mesalazine 1 g enteric tablet, 60 (<i>Salofalk</i>)
13576M	MESALAZINE , mesalazine 1 g modified release tablet, 60 (<i>Pentasa</i>)
13356Y	MESALAZINE , mesalazine 1.2 g modified release tablet, 120 (<i>MESALZ</i>)
13487W	MESALAZINE , mesalazine 1.2 g modified release tablet, 60 (<i>Mesalazine 1.2 TAKEDA, Mezavant</i>)
13395B	MESALAZINE , mesalazine 1.6 g enteric tablet, 60 (<i>Asacol</i>)
13543T	METOPROLOL SUCCINATE , METOPROLOL SUCCINATE Tablet 47.5 mg (controlled release), 30 (<i>Metrol-XL 47.5, Minax XL, Topreloc-XL, Toprol-XL 47.5</i>)
13544W	METOPROLOL SUCCINATE , METOPROLOL SUCCINATE Tablet 95 mg (controlled release), 30 (<i>Metrol-XL 95, Minax XL, Topreloc-XL, Toprol-XL 95</i>)
13420H	METOPROLOL SUCCINATE , METOPROLOL SUCCINATE Tablet 190 mg (controlled release), 30 (<i>Metrol-XL 190, Minax XL, Topreloc-XL, Toprol-XL 190</i>)
13598Q	METOPROLOL TARTRATE , METOPROLOL TARTRATE Tablet 50 mg, 100 (<i>APO-Metoprolol, Betaloc, Metoprolol Sandoz, Metrol 50, Minax 50, Mistrom, NOUMED METOPROLOL</i>)
13541Q	METOPROLOL TARTRATE , METOPROLOL TARTRATE Tablet 100 mg, 60 (<i>APO-Metoprolol, Betaloc, Metoprolol Sandoz, Metrol 100, Minax 100, Mistrom, NOUMED METOPROLOL</i>)
13579Q	MOXONIDINE , moxonidine 200 microgram tablet, 30 (<i>APO-Moxonidine, Moxonidine GH, Moxonidine GX, Moxonidine MYL, Moxonidine Viatrix, Moxotens, Physiotens</i>)
13552G	MOXONIDINE , moxonidine 400 microgram tablet, 30 (<i>APO-Moxonidine, Moxonidine GH, Moxonidine GX, Moxonidine MYL, Moxonidine Viatrix, Moxotens, Physiotens</i>)
13617Q	NALOXONE , naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation (<i>Nyxoid (UK)</i>)
13621X	NALOXONE , naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation (<i>Nyxoid (UK)</i>)
13568D	NEBIVOLOL , nebivolol 1.25 mg tablet, 28 (<i>APO-Nebivolol, Nebilet, Nebivolol Lupin, Nebivolol Sandoz, Nepiten</i>)
13510C	NEBIVOLOL , nebivolol 5 mg tablet, 28 (<i>APO-Nebivolol, Nebilet, Nebivolol Lupin, Nebivolol Sandoz, Nepiten</i>)
13441K	NEBIVOLOL , nebivolol 10 mg tablet, 28 (<i>APO-Nebivolol, Nebilet, Nebivolol Lupin, Nebivolol Sandoz, Nepiten</i>)
13550E	NICORANDIL , nicorandil 10 mg tablet, 60 (<i>APO-Nicorandil, Ikorel, Ikotab</i>)
13551F	NICORANDIL , nicorandil 20 mg tablet, 60 (<i>APO-Nicorandil, Ikorel, Ikotab</i>)
13502P	NIFEDIPINE , nifedipine 30 mg modified release tablet, 30 (<i>APO-Nifedipine XR, Addos XR 30</i>)
13376B	NIFEDIPINE , nifedipine 60 mg modified release tablet, 30 (<i>APO-Nifedipine XR, Addos XR 60</i>)
13505T	OLMESARTAN , olmesartan medoxomil 20 mg tablet, 30 (<i>APO-Olmesartan, APX-Olmesartan, OLMERTAN, Olmesartan - MYL, Olmesartan Sandoz, Olmetec, Olsetan, Pharmacor Olmesartan 20</i>)

13533G	OLMESARTAN , olmesartan medoxomil 40 mg tablet, 30 (<i>APO-Olmesartan, APX-Olmesartan, OLMERTAN, Olmesartan - MYL, Olmesartan Sandoz, Olmetec, Olsetan, Pharmacor Olmesartan 40</i>)
13449W	OLMESARTAN + AMLODIPINE , olmesartan medoxomil 20 mg + amlodipine 5 mg tablet, 30 (<i>OLMEKAR, Olmesartan/Amlodipine - MYL 20/5, Olmesartan/Amlodipine 20/5 APOTEX, Pharmacor Olmesartan Amlodipine 20/5, Sevikaar 20/5</i>)
13481M	OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE , olmesartan medoxomil 20 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30 (<i>APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5, Olamlo HCT 20/5/12.5, Olmekar HCT 20/5/12.5, Sevikaar HCT 20/5/12.5</i>)
13512E	OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE , olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 25 mg tablet, 30 (<i>APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet, Olamlo HCT 40/5/25, Olmekar HCT 40/5/25, Sevikaar HCT 40/5/25</i>)
13513F	OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE , olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30 (<i>APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet, Olamlo HCT 40/5/12.5, Olmekar HCT 40/5/12.5, Sevikaar HCT 40/5/12.5</i>)
13482N	OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE , olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 12.5 mg tablet, 30 (<i>APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5, Olamlo HCT 40/10/12.5, Olmekar HCT 40/10/12.5, Sevikaar HCT 40/10/12.5</i>)
13447R	OLMESARTAN + HYDROCHLOROTHIAZIDE , olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30 (<i>APO-Olmesartan/HCTZ 20/12.5, APX-Olmesartan/HCTZ, OLMERTAN COMBI 20/12.5, Olmesartan HCT - MYL 20/12.5, Olmesartan/HCT Sandoz, Olmetec Plus, Pharmacor Olmesartan HCTZ 20/12.5</i>)
13601W	OLMESARTAN + HYDROCHLOROTHIAZIDE , olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30 (<i>APO-Olmesartan/HCTZ 40/12.5, APX-Olmesartan/HCTZ, OLMERTAN COMBI 40/12.5, Olmesartan HCT - MYL 40/12.5, Olmesartan/HCT Sandoz, Olmetec Plus, Pharmacor Olmesartan HCTZ 40/12.5</i>)
13602X	OLMESARTAN + HYDROCHLOROTHIAZIDE , olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30 (<i>APO-Olmesartan/HCTZ 40/25, APX-Olmesartan/HCTZ, OLMERTAN COMBI 40/25, Olmesartan HCT - MYL 40/25, Olmesartan/HCT Sandoz, Olmetec Plus, Pharmacor Olmesartan HCTZ 40/25</i>)
13560Q	PANCREATIC EXTRACT , pancreatic extract 10 000 units modified release capsule, 100 (<i>Creon 10,000</i>)
13470Y	PANCREATIC EXTRACT , pancreatic extract 25 000 units modified release capsule, 100 (<i>Creon 25,000</i>)
13407P	PANCREATIC EXTRACT , pancreatic extract 35 000 units modified release capsule, 100 (<i>Creon 35,000</i>)
13375Y	PANCREATIC EXTRACT , pancreatic extract 5000 units/100 mg enteric coated granules, 20 g (<i>Creon Micro</i>)
13609G	PATIROMER , patiromer 8.4 g powder for oral liquid, 30 sachets (<i>Veltassa</i>)
13610H	PATIROMER , patiromer 8.4 g powder for oral liquid, 30 sachets (<i>Veltassa</i>)
13613L	PATIROMER , patiromer 16.8 g powder for oral liquid, 30 sachets (<i>Veltassa</i>)
13620W	PATIROMER , patiromer 16.8 g powder for oral liquid, 30 sachets (<i>Veltassa</i>)
13458H	PENICILLAMINE , penicillamine 125 mg tablet, 100 (<i>D-Penammine</i>)
13425N	PENICILLAMINE , penicillamine 250 mg tablet, 100 (<i>D-Penammine</i>)
13404L	PERINDOPRIL , perindopril erbumine 2 mg tablet, 30 (<i>APO-Perindopril, BTC Perindopril, Blooms the Chemist Perindopril, Idaprex 2, Indosyl Mono 2, PERISYL, Perindo</i>)
13494F	PERINDOPRIL , perindopril arginine 2.5 mg tablet, 30 (<i>APO-Perindopril Arginine, APX-Perindopril Arginine, Coversyl 2.5mg, PREXUM 2.5</i>)
13371R	PERINDOPRIL , perindopril erbumine 4 mg tablet, 30 (<i>APO-Perindopril, BTC Perindopril, Blooms the Chemist Perindopril, Idaprex 4, Indosyl Mono 4, PERISYL, Perindo, Perindopril generichealth</i>)
13585B	PERINDOPRIL , perindopril arginine 5 mg tablet, 30 (<i>APO-Perindopril Arginine, APX-Perindopril Arginine, Coversyl 5mg, PREXUM 5</i>)
13372T	PERINDOPRIL , perindopril erbumine 8 mg tablet, 30 (<i>APO-Perindopril, BTC Perindopril, Blooms the Chemist Perindopril, Idaprex 8, Indosyl Mono 8, PERISYL, Perindo, Perindopril generichealth</i>)
13555K	PERINDOPRIL , perindopril arginine 10 mg tablet, 30 (<i>APO-Perindopril Arginine, APX-Perindopril Arginine, Coversyl 10mg, PREXUM 10</i>)
13508Y	PERINDOPRIL + AMLODIPINE , perindopril arginine 5 mg + amlodipine 5 mg tablet, 30 (<i>APO-Perindopril Arginine/Amlodipine 5/5, APX-Perindopril Arginine/Amlodipine 5/5, Coveram 5/5, Reaptan 5/5</i>)
13381G	PERINDOPRIL + AMLODIPINE , perindopril arginine 5 mg + amlodipine 10 mg tablet, 30 (<i>APO-Perindopril Arginine/Amlodipine 5/10, APX-Perindopril Arginine/Amlodipine 5/10, Coveram 5/10, Reaptan 5/10</i>)
13478J	PERINDOPRIL + AMLODIPINE , perindopril arginine 10 mg + amlodipine 5 mg tablet, 30 (<i>APO-Perindopril Arginine/Amlodipine 10/5, APX-Perindopril Arginine/Amlodipine 10/5, Coveram 10/5, Reaptan 10/5</i>)

13382H	PERINDOPRIL + AMLODIPINE , perindopril arginine 10 mg + amlodipine 10 mg tablet, 30 (<i>APO-Perindopril Arginine/Amlodipine 10/10, APX-Perindopril Arginine/Amlodipine 10/10, Coveram 10/10, Reaptan 10/10</i>)
13413Y	PERINDOPRIL + INDAPAMIDE , perindopril arginine 2.5 mg + indapamide hemihydrate 625 microgram tablet, 30 (<i>Coversyl Plus LD 2.5mg/0.625mg, PREXUM Combi LD 2.5/0.625</i>)
13476G	PERINDOPRIL + INDAPAMIDE , perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30 (<i>APO-Perindopril/Indapamide, GenRx Perindopril/ Indapamide 4/1.25, Idaprex Combi 4/1.25, Indosyl Combi 4/1.25, PERISYL COMBI 4/1.25, Perindo Combi 4/1.25</i>)
13506W	PERINDOPRIL + INDAPAMIDE , perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30 (<i>Coversyl Plus 5mg/1.25mg, Prexum Combi 5/1.25</i>)
13357B	POTASSIUM CHLORIDE , potassium chloride 600 mg (potassium 8 mmol) modified release tablet, 200 (<i>Span-K</i>)
13486T	POTASSIUM CHLORIDE + POTASSIUM BICARBONATE + POTASSIUM CARBONATE , potassium chloride 595 mg + potassium bicarbonate 384 mg + potassium carbonate 152 mg (total potassium 14 mmol) effervescent tablet, 60 (<i>Chlorvescent</i>)
13496H	PRAVASTATIN , pravastatin sodium 10 mg tablet, 30 (<i>APO-Pravastatin, APX-Pravastatin, Cholstat 10, Lipostat 10, Pravachol, Pravastatin Sandoz</i>)
13497J	PRAVASTATIN , pravastatin sodium 20 mg tablet, 30 (<i>APO-Pravastatin, APX-Pravastatin, Cholstat 20, Lipostat 20, Pravachol, Pravastatin Sandoz</i>)
13432Y	PRAVASTATIN , pravastatin sodium 40 mg tablet, 30 (<i>APO-Pravastatin, APX-Pravastatin, Cholstat 40, Lipostat 40, Pravachol, Pravastatin Sandoz</i>)
13527Y	PRAVASTATIN , pravastatin sodium 80 mg tablet, 30 (<i>APO-Pravastatin, APX-Pravastatin, Lipostat 80, Pravachol</i>)
13553H	PRAZOSIN , prazosin 1 mg tablet, 100 (<i>APO-Prazosin, Minipress</i>)
13400G	PRAZOSIN , prazosin 2 mg tablet, 100 (<i>APO-Prazosin, Minipress</i>)
13367M	PRAZOSIN , prazosin 5 mg tablet, 100 (<i>APO-Prazosin, Minipress</i>)
13386M	PROPRANOLOL , propranolol hydrochloride 10 mg tablet, 100 (<i>APO-Propranolol, Deralin 10, Inderal</i>)
13542R	PROPRANOLOL , propranolol hydrochloride 40 mg tablet, 100 (<i>APO-Propranolol, Deralin 40, Inderal</i>)
13426P	RALOXIFENE , raloxifene hydrochloride 60 mg tablet, 28 (<i>APO-Raloxifene, Evista, Fixta 60, RALOVISTA, Raloxifene GH</i>)
13431X	RAMIPRIL , ramipril 1.25 mg capsule, 30 (<i>APO-Ramipril, Tryzan Caps 1.25</i>)
13405M	RAMIPRIL , ramipril 2.5 mg capsule, 30 (<i>APO-Ramipril, Tryzan Caps 2.5</i>)
13556L	RAMIPRIL , ramipril 5 mg capsule, 30 (<i>APO-Ramipril, Tryzan Caps 5</i>)
13430W	RAMIPRIL , ramipril 10 mg capsule, 30 (<i>APO-Ramipril, APX-Ramipril, Prilace, Ramipril Sandoz, Ramipril Winthrop, Tritace 10 mg, Tryzan Caps 10</i>)
13582W	RAMIPRIL , ramipril 1.25 mg tablet, 30 (<i>Prilace, Ramipril Sandoz, Ramipril Winthrop, Tritace 1.25 mg, Tryzan Tabs 1.25</i>)
13466R	RAMIPRIL , ramipril 2.5 mg tablet, 30 (<i>APO-Ramipril, Prilace, Ramipril Sandoz, Ramipril Winthrop, Tritace 2.5 mg, Tryzan Tabs 2.5</i>)
13526X	RAMIPRIL , ramipril 5 mg tablet, 30 (<i>APO-Ramipril, Prilace, Ramipril Sandoz, Ramipril Winthrop, Tritace 5 mg, Tryzan Tabs 5</i>)
13368N	RAMIPRIL , ramipril 10 mg tablet, 30 (<i>APO-Ramipril, Ramipril Sandoz, Tritace, Tryzan Tabs 10</i>)
13563W	RAMIPRIL + FELODIPINE , ramipril 2.5 mg + felodipine 2.5 mg modified release tablet, 30 (<i>Triasyn 2.5/2.5</i>)
13534H	RAMIPRIL + FELODIPINE , ramipril 5 mg + felodipine 5 mg modified release tablet, 30 (<i>Triasyn 5.0/5.0</i>)
13360E	RISEDRONATE , risedronate sodium 5 mg tablet, 28 (<i>Actonel</i>)
13364J	RISEDRONATE , risedronate sodium 35 mg enteric tablet, 4 (<i>Actonel EC</i>)
13459J	RISEDRONATE , risedronate sodium 35 mg tablet, 4 (<i>APO-Risedronate, Risedronate Sandoz</i>)
13488X	RISEDRONATE , risedronate sodium 150 mg tablet, 1 (<i>APO-Risedronate, Actonel Once-a-Month</i>)
13366L	RIVAROXABAN , rivaroxaban 2.5 mg tablet, 60 (<i>Xarelto</i>)
13521P	RIVAROXABAN , rivaroxaban 10 mg tablet, 30 (<i>Xarelto</i>)
13463N	RIVAROXABAN , rivaroxaban 15 mg tablet, 28 (<i>Xarelto</i>)
13462M	RIVAROXABAN , rivaroxaban 20 mg tablet, 28 (<i>Xarelto</i>)

13406N	ROSUVASTATIN , rosuvastatin 5 mg tablet, 30 (<i>APX-Rosuvastatin, Blooms Rosuvastatin, Blooms the Chemist Rosuvastatin, Cavstat, Crestor, Crosuva 5, Noumed Rosuvastatin, Pharmacor Rosuvastatin 5, Rosuvastatin APOTEX, Rosuvastatin Lupin, Rosuvastatin RBX, Rosuvastatin Sandoz</i>)
13586C	ROSUVASTATIN , rosuvastatin 10 mg tablet, 30 (<i>APX-Rosuvastatin, Blooms Rosuvastatin, Blooms the Chemist Rosuvastatin, Cavstat, Crestor, Crosuva 10, Noumed Rosuvastatin, Pharmacor Rosuvastatin 10, Rosuvastatin APOTEX, Rosuvastatin Lupin, Rosuvastatin RBX, Rosuvastatin Sandoz</i>)
13588E	ROSUVASTATIN , rosuvastatin 20 mg tablet, 30 (<i>APX-Rosuvastatin, Blooms Rosuvastatin, Blooms the Chemist Rosuvastatin, Cavstat, Crestor, Crosuva 20, Noumed Rosuvastatin, Pharmacor Rosuvastatin 20, Rosuvastatin APOTEX, Rosuvastatin Lupin, Rosuvastatin RBX, Rosuvastatin Sandoz</i>)
13589F	ROSUVASTATIN , rosuvastatin 40 mg tablet, 30 (<i>APX-Rosuvastatin, Blooms Rosuvastatin, Blooms the Chemist Rosuvastatin, Cavstat, Crestor, Crosuva 40, Noumed Rosuvastatin, Pharmacor Rosuvastatin 40, Rosuvastatin APOTEX, Rosuvastatin Lupin, Rosuvastatin RBX, Rosuvastatin Sandoz</i>)
13570F	SACUBITRIL + VALSARTAN , sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56 (<i>Entresto</i>)
13511D	SACUBITRIL + VALSARTAN , sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56 (<i>Entresto</i>)
13445P	SACUBITRIL + VALSARTAN , sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56 (<i>Entresto</i>)
13559P	SIMVASTATIN , simvastatin 5 mg tablet, 30 (<i>Simvastatin Sandoz, Zimstat</i>)
13528B	SIMVASTATIN , simvastatin 10 mg tablet, 30 (<i>APO-Simvastatin, NOUMED SIMVASTATIN, Simvar 10, Simvastatin Sandoz, Zimstat</i>)
13373W	SIMVASTATIN , simvastatin 20 mg tablet, 30 (<i>APO-Simvastatin, Lipex 20, NOUMED SIMVASTATIN, Simvar 20, Simvastatin Sandoz, Zimstat, Zocor</i>)
13471B	SIMVASTATIN , simvastatin 40 mg tablet, 30 (<i>APO-Simvastatin, Lipex 40, NOUMED SIMVASTATIN, Simvar 40, Simvastatin Sandoz, Zimstat, Zocor</i>)
13498K	SIMVASTATIN , simvastatin 80 mg tablet, 30 (<i>APO-Simvastatin, Simvar 80, Simvastatin Sandoz, Zimstat</i>)
13503Q	SPIRONOLACTONE , spironolactone 25 mg tablet, 100 (<i>Aldactone, Spiractin 25, Spironolactone Viatris 25</i>)
13433B	SULFASALAZINE , sulfasalazine 500 mg enteric tablet, 100 (<i>Pyralin EN, Salazopyrin-EN</i>)
13557M	SULFASALAZINE , sulfasalazine 500 mg tablet, 100 (<i>Salazopyrin</i>)
13437F	TELMISARTAN , telmisartan 40 mg tablet, 28 (<i>APO-Telmisartan, Micardis, Mizart, NOUMED TELMISARTAN, Pharmacor Telmisartan 40, Telmisartan Sandoz, Telmisartan-DRLA, Teltartan</i>)
13593K	TELMISARTAN , telmisartan 80 mg tablet, 28 (<i>APO-Telmisartan, Micardis, Mizart, NOUMED TELMISARTAN, Pharmacor Telmisartan 80, Telmisartan Sandoz, Telmisartan-DRLA, Teltartan</i>)
13483P	TELMISARTAN + AMLODIPINE , telmisartan 40 mg + amlodipine 5 mg tablet, 28 (<i>Pritor/Amlodipine, Twynsta</i>)
13515H	TELMISARTAN + AMLODIPINE , telmisartan 40 mg + amlodipine 10 mg tablet, 28 (<i>Pritor/Amlodipine, Twynsta</i>)
13450X	TELMISARTAN + AMLODIPINE , telmisartan 80 mg + amlodipine 5 mg tablet, 28 (<i>Pritor/Amlodipine, Twynsta</i>)
13451Y	TELMISARTAN + AMLODIPINE , telmisartan 80 mg + amlodipine 10 mg tablet, 28 (<i>Pritor/Amlodipine, Twynsta</i>)
13546Y	TELMISARTAN + HYDROCHLOROTHIAZIDE , telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28 (<i>APO-Telmisartan HCTZ 40/12.5, Micardis Plus 40/12.5 mg, Mizart HCT 40/12.5 mg, Telmisartan/HCT Sandoz, Teltartan HCT 40/12.5</i>)
13574K	TELMISARTAN + HYDROCHLOROTHIAZIDE , telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28 (<i>APO-Telmisartan HCTZ 80/12.5, Micardis Plus 80/12.5 mg, Mizart HCT 80/12.5 mg, Telmisartan/HCT Sandoz, Teltartan HCT 80/12.5</i>)
13607E	TELMISARTAN + HYDROCHLOROTHIAZIDE , telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28 (<i>APO-Telmisartan HCTZ 80/25, Micardis Plus 80/25 mg, Mizart HCT 80/25 mg, Telmisartan HCT GH 80/25, Telmisartan/HCT Sandoz, Teltartan HCT 80/25</i>)
13354W	THIAMINE , thiamine hydrochloride 100 mg tablet, 100 (<i>Betavit</i>)
13524T	TICAGRELOR , ticagrelor 90 mg tablet, 56 (<i>Brilinta</i>)
13554J	TRANDOLAPRIL , trandolapril 500 microgram capsule, 28 (<i>Dolapril 0.5, Gopten, Tranalpha</i>)
13429T	TRANDOLAPRIL , trandolapril 1 mg capsule, 28 (<i>Dolapril 1, Gopten, Tranalpha</i>)
13403K	TRANDOLAPRIL , trandolapril 2 mg capsule, 28 (<i>Dolapril 2, Gopten, Tranalpha</i>)
13467T	TRANDOLAPRIL , trandolapril 4 mg capsule, 28 (<i>Dolapril 4, Gopten, Tranalpha</i>)
13594L	TRANDOLAPRIL + VERAPAMIL , trandolapril 2 mg + verapamil hydrochloride 180 mg modified release tablet, 28 (<i>Tarka 2/180</i>)

13591H	TRANDOLAPRIL + VERAPAMIL , trandolapril 4 mg + verapamil hydrochloride 240 mg modified release tablet, 28 (<i>Tarka 4/240</i>)
13414B	VALSARTAN , valsartan 80 mg tablet, 28 (<i>Dilart, Diovan</i>)
13566B	VALSARTAN , valsartan 160 mg tablet, 28 (<i>Dilart, Diovan</i>)
13383J	VALSARTAN , valsartan 320 mg tablet, 28 (<i>Dilart, Diovan</i>)
13393X	VALSARTAN + HYDROCHLOROTHIAZIDE , valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28 (<i>Co-Diovan 80/12.5, Dilart HCT 80/12.5</i>)
13606D	VALSARTAN + HYDROCHLOROTHIAZIDE , valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28 (<i>Co-Diovan 160/12.5, Dilart HCT 160/12.5</i>)
13453C	VALSARTAN + HYDROCHLOROTHIAZIDE , valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28 (<i>Co-Diovan 160/25, Dilart HCT 160/25</i>)
13517K	VALSARTAN + HYDROCHLOROTHIAZIDE , valsartan 320 mg + hydrochlorothiazide 12.5 mg tablet, 28 (<i>Co-Diovan 320/12.5, Dilart HCT 320/12.5</i>)
13455E	VALSARTAN + HYDROCHLOROTHIAZIDE , valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28 (<i>Co-Diovan 320/25, Dilart HCT 320/25</i>)
13530D	VERAPAMIL , verapamil hydrochloride 80 mg tablet, 100 (<i>Anpec 80, Isoptin</i>)
13434C	VERAPAMIL , verapamil hydrochloride 180 mg modified release tablet, 30 (<i>Cordilox 180 SR, Isoptin 180 SR</i>)
13408Q	VERAPAMIL , verapamil hydrochloride 240 mg modified release tablet, 30 (<i>Cordilox SR, Isoptin SR</i>)
13616P	ZANUBRUTINIB , zanubrutinib 80 mg capsule, 120 (<i>Brukinsa</i>)
13628G	ZANUBRUTINIB , zanubrutinib 80 mg capsule, 120 (<i>Brukinsa</i>)

Addition – Brand

11941L	<i>Alphaclav Duo Viatris, AL</i> – AMOXICILLIN + CLAVULANIC ACID , amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10
1891M	<i>Alphaclav Duo Viatris, AL</i> – AMOXICILLIN + CLAVULANIC ACID , amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10
5008N	<i>Alphaclav Duo Viatris, AL</i> – AMOXICILLIN + CLAVULANIC ACID , amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10
11933C	<i>Alphaclav Duo Forte Viatris, AL</i> – AMOXICILLIN + CLAVULANIC ACID , amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10
5006L	<i>Alphaclav Duo Forte Viatris, AL</i> – AMOXICILLIN + CLAVULANIC ACID , amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10
8254K	<i>Alphaclav Duo Forte Viatris, AL</i> – AMOXICILLIN + CLAVULANIC ACID , amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10
3145M	<i>Clonidine Lupin, GQ</i> – CLONIDINE , clonidine hydrochloride 100 microgram tablet, 100
9432K	<i>LoxaLate, AF</i> – ESCITALOPRAM , escitalopram 10 mg tablet, 28
5262Y	<i>Fingolimod Sandoz, SZ</i> – FINGOLIMOD , fingolimod 500 microgram capsule, 28
2174K	<i>APO-Levothyroxine, XT</i> – LEVOTHYROXINE , levothyroxine sodium 50 microgram tablet, 200
2174K	<i>Levothyroxine Lup, GQ</i> – LEVOTHYROXINE , levothyroxine sodium 50 microgram tablet, 200
9287T	<i>APO-Levothyroxine, XT</i> – LEVOTHYROXINE , levothyroxine sodium 75 microgram tablet, 200
9287T	<i>Levothyroxine Lup, GQ</i> – LEVOTHYROXINE , levothyroxine sodium 75 microgram tablet, 200
2175L	<i>APO-Levothyroxine, XT</i> – LEVOTHYROXINE , levothyroxine sodium 100 microgram tablet, 200
2175L	<i>Levothyroxine Lup, GQ</i> – LEVOTHYROXINE , levothyroxine sodium 100 microgram tablet, 200
2173J	<i>APO-Levothyroxine, XT</i> – LEVOTHYROXINE , levothyroxine sodium 200 microgram tablet, 200
2173J	<i>Levothyroxine Lup, GQ</i> – LEVOTHYROXINE , levothyroxine sodium 200 microgram tablet, 200
3132W	<i>Alepam 15, AF</i> – OXAZEPAM , oxazepam 15 mg tablet, 25
3134Y	<i>Alepam 15, AF</i> – OXAZEPAM , oxazepam 15 mg tablet, 25
5192G	<i>Alepam 15, AF</i> – OXAZEPAM , oxazepam 15 mg tablet, 25
3133X	<i>Alepam 30, AF</i> – OXAZEPAM , oxazepam 30 mg tablet, 25

3135B	<i>Alepam 30, AF</i> – OXAZEPAM , oxazepam 30 mg tablet, 25
5193H	<i>Alepam 30, AF</i> – OXAZEPAM , oxazepam 30 mg tablet, 25
2606E	<i>Blooms Rosuvastatin, BG</i> – ROSUVASTATIN , rosuvastatin 5 mg tablet, 30
2628H	<i>Blooms Rosuvastatin, BG</i> – ROSUVASTATIN , rosuvastatin 10 mg tablet, 30
2574L	<i>Blooms Rosuvastatin, BG</i> – ROSUVASTATIN , rosuvastatin 20 mg tablet, 30
2594M	<i>Blooms Rosuvastatin, BG</i> – ROSUVASTATIN , rosuvastatin 40 mg tablet, 30

Addition – Equivalence Indicator

2900P	<i>Alfamino, NT</i> – AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES , amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g
2928D	<i>Alfamino, NT</i> – AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES , amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g
1449G	<i>GlucaGen Hypokit, NO</i> – GLUCAGON HYDROCHLORIDE , glucagon hydrochloride 1 mg injection [1 vial] (& inert substance diluent [1 mL syringe], 1 pack
5105Q	<i>GlucaGen Hypokit, NO</i> – GLUCAGON HYDROCHLORIDE , glucagon hydrochloride 1 mg injection [1 vial] (& inert substance diluent [1 mL syringe], 1 pack
11816X	<i>Nyxoid, MF</i> – NALOXONE , naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation
11817Y	<i>Nyxoid, MF</i> – NALOXONE , naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation
3132W	<i>Serepax, AS</i> – OXAZEPAM , oxazepam 15 mg tablet, 25
3134Y	<i>Serepax, AS</i> – OXAZEPAM , oxazepam 15 mg tablet, 25
5192G	<i>Serepax, AS</i> – OXAZEPAM , oxazepam 15 mg tablet, 25

Addition – Note

1449G	GLUCAGON HYDROCHLORIDE , glucagon hydrochloride 1 mg injection [1 vial] (& inert substance diluent [1 mL syringe], 1 pack (<i>GlucaGen Hypokit</i>)
5105Q	GLUCAGON HYDROCHLORIDE , glucagon hydrochloride 1 mg injection [1 vial] (& inert substance diluent [1 mL syringe], 1 pack (<i>GlucaGen Hypokit</i>)
11213E	IBRUTINIB , ibrutinib 140 mg capsule, 90 (<i>Imbruvica</i>)
11816X	NALOXONE , naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation (<i>Nyxoid</i>)
11817Y	NALOXONE , naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation (<i>Nyxoid</i>)
11630D	VENETOCLAX , venetoclax 10 mg tablet [14] (& venetoclax 50 mg tablet [7] (& venetoclax 100 mg tablet [7] (& venetoclax 100 mg tablet [14], 1 pack (<i>Venclexta</i>)

Deletions

Deletion – Item

12320K	APOMORPHINE , apomorphine hydrochloride hemihydrate 20 mg/2 mL injection, 5 x 2 mL ampoules (<i>Movapo</i>)
1818Q	METHOTREXATE , methotrexate 50 mg/2 mL injection, 2 mL vial (<i>Methotrexate Accord</i>)
8410P	ONDANSETRON , ondansetron 4 mg wafer, 4 (<i>Zofran Zydys</i>)

Deletion – Brand

9012H	<i>FonatPlus, AF</i> – ALENDRONATE + COLECALCIFEROL , alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4
9183H	<i>FonatPlus, AF</i> – ALENDRONATE + COLECALCIFEROL , alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4
8179L	<i>Anastrozole FBM, FO</i> – ANASTROZOLE , anastrozole 1 mg tablet, 30
8717T	<i>Aripiprazole generichealth, HQ</i> – ARIPIPAZOLE , aripiprazole 10 mg tablet, 30
8718W	<i>Aripiprazole generichealth, HQ</i> – ARIPIPAZOLE , aripiprazole 15 mg tablet, 30
8719X	<i>Aripiprazole generichealth, HQ</i> – ARIPIPAZOLE , aripiprazole 20 mg tablet, 30

10131F	<i>Everolimus Sandoz, SZ</i> – EVEROLIMUS , everolimus 5 mg tablet, 30
11362B	<i>Everolimus Sandoz, SZ</i> – EVEROLIMUS , everolimus 5 mg tablet, 30
10135K	<i>Everolimus Sandoz, SZ</i> – EVEROLIMUS , everolimus 10 mg tablet, 30
11377T	<i>Everolimus Sandoz, SZ</i> – EVEROLIMUS , everolimus 10 mg tablet, 30
10915L	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
10918P	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
10920R	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
10924Y	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
10940T	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
10941W	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
10942X	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
11757T	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
11770L	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
11776T	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
11777W	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
11782D	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
11783E	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
11875B	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
12709X	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
12710Y	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
12722N	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
12759M	<i>Imatinib GH, GQ</i> – IMATINIB , imatinib 100 mg capsule, 60
8245Y	<i>Letrozole FBM, FO</i> – LETROZOLE , letrozole 2.5 mg tablet, 30
12830G	<i>Levothox, AF</i> – LEVOTHYROXINE , levothyroxine sodium 125 microgram tablet, 200
5470X	<i>Ondansetron ODT Lupin, HQ</i> – ONDANSETRON , ondansetron 4 mg orally disintegrating tablet, 4
5471Y	<i>Ondansetron ODT Lupin, HQ</i> – ONDANSETRON , ondansetron 8 mg orally disintegrating tablet, 4

Deletion – Equivalence Indicator

13347L	<i>JAMP-Cholestyramine, DZ</i> – COLESTYRAMINE , colestyramine 4 g powder for oral liquid, 30 sachets
13351Q	<i>JAMP-Cholestyramine, DZ</i> – COLESTYRAMINE , colestyramine 4 g powder for oral liquid, 30 sachets
2967E	<i>Questran Lite, GO</i> – COLESTYRAMINE , colestyramine 4 g powder for oral liquid, 50 sachets
9249T	<i>Questran Lite, GO</i> – COLESTYRAMINE , colestyramine 4 g powder for oral liquid, 50 sachets
10131F	<i>Afinitor, NV</i> – EVEROLIMUS , everolimus 5 mg tablet, 30
11362B	<i>Afinitor, NV</i> – EVEROLIMUS , everolimus 5 mg tablet, 30
10135K	<i>Afinitor, NV</i> – EVEROLIMUS , everolimus 10 mg tablet, 30
11377T	<i>Afinitor, NV</i> – EVEROLIMUS , everolimus 10 mg tablet, 30
12830G	<i>Eltroxin, LT</i> – LEVOTHYROXINE , levothyroxine sodium 125 microgram tablet, 200
2395C	<i>DBL Methotrexate, PF</i> – METHOTREXATE , methotrexate 50 mg/2 mL injection, 5 x 2 mL vials

Deletion – Note

13347L	COLESTYRAMINE , colestyramine 4 g powder for oral liquid, 30 sachets (<i>JAMP-Cholestyramine</i>)
13351Q	COLESTYRAMINE , colestyramine 4 g powder for oral liquid, 30 sachets (<i>JAMP-Cholestyramine</i>)
2967E	COLESTYRAMINE , colestyramine 4 g powder for oral liquid, 50 sachets (<i>Questran Lite</i>)
9249T	COLESTYRAMINE , colestyramine 4 g powder for oral liquid, 50 sachets (<i>Questran Lite</i>)
2395C	METHOTREXATE , methotrexate 50 mg/2 mL injection, 5 x 2 mL vials (<i>DBL Methotrexate</i>)

5470X	ONDANSETRON , ondansetron 4 mg orally disintegrating tablet, 4 (<i>APO-Ondansetron ODT, APX-Ondansetron ODT, Ondansetron AN ODT, Ondansetron Mylan ODT, Ondansetron ODT-DRLA, Ondansetron SZ ODT, Zotren ODT</i>)
5471Y	ONDANSETRON , ondansetron 8 mg orally disintegrating tablet, 4 (<i>APO-Ondansetron ODT, APX-Ondansetron ODT, Ondansetron AN ODT, Ondansetron Mylan ODT, Ondansetron ODT-DRLA, Ondansetron SZ ODT, Zotren ODT</i>)
8411Q	ONDANSETRON , ondansetron 8 mg wafer, 4 (<i>Zofran Zydys</i>)

Alterations

Alteration – Authorised Prescriber

		From	To
10211K	MIFEPRISTONE (&) MISOPROSTOL , mifepristone 200 mg tablet [1] (&) misoprostol 200 microgram tablet [4], 1 pack (<i>MS-2 Step</i>)	M,N	M,N,W

Alteration – Note

12117R	ACALABRUTINIB , acalabrutinib 100 mg capsule, 56 (<i>Calquence</i>)
13318Y	ACALABRUTINIB , acalabrutinib 100 mg tablet, 56 (<i>CALQUENCE</i>)
11301T	BUDESONIDE + FORMOTEROL , budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations (<i>BiResp Spiromax, DuoResp Spiromax</i>)
13258T	BUDESONIDE + FORMOTEROL , budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations (<i>DuoResp Spiromax, Rilast TURBUHALER 400/12, Symbicort TURBUHALER 400/12</i>)
11170X	IDELALISIB , idelalisib 100 mg tablet, 60 (<i>Zydelig</i>)
11162L	IDELALISIB , idelalisib 150 mg tablet, 60 (<i>Zydelig</i>)
12969N	LEVOTHYROXINE , levothyroxine sodium 50 microgram tablet, 2 x 100 (<i>LEVOXINE</i>)
2174K	LEVOTHYROXINE , levothyroxine sodium 50 microgram tablet, 200 (<i>APO-Levothyroxine, Eltroxin, Eutroxsig, Levothox, Levothyroxine Lup, Oroxine</i>)
12960D	LEVOTHYROXINE , levothyroxine sodium 75 microgram tablet, 2 x 100 (<i>LEVOXINE</i>)
9287T	LEVOTHYROXINE , levothyroxine sodium 75 microgram tablet, 200 (<i>APO-Levothyroxine, Eltroxin, Eutroxsig, Levothox, Levothyroxine Lup, Oroxine</i>)
12968M	LEVOTHYROXINE , levothyroxine sodium 100 microgram tablet, 2 x 100 (<i>LEVOXINE</i>)
2175L	LEVOTHYROXINE , levothyroxine sodium 100 microgram tablet, 200 (<i>APO-Levothyroxine, Eltroxin, Eutroxsig, Levothox, Levothyroxine Lup, Oroxine</i>)
12970P	LEVOTHYROXINE , levothyroxine sodium 200 microgram tablet, 2 x 100 (<i>LEVOXINE</i>)
2173J	LEVOTHYROXINE , levothyroxine sodium 200 microgram tablet, 200 (<i>APO-Levothyroxine, Eltroxin, Eutroxsig, Levothox, Levothyroxine Lup, Oroxine</i>)
12188L	VENETOCLAX , venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack (<i>Venclexta</i>)
12999E	VENETOCLAX , venetoclax 10 mg tablet, 2 (<i>Venclexta</i>)
11648C	VENETOCLAX , venetoclax 50 mg tablet, 7 (<i>Venclexta</i>)
11639N	VENETOCLAX , venetoclax 100 mg tablet, 120 (<i>Venclexta</i>)
12199C	VENETOCLAX , venetoclax 100 mg tablet, 120 (<i>Venclexta</i>)
12205J	VENETOCLAX , venetoclax 100 mg tablet, 120 (<i>Venclexta</i>)

Alteration – Restriction

12117R	ACALABRUTINIB , acalabrutinib 100 mg capsule, 56 (<i>Calquence</i>)
13318Y	ACALABRUTINIB , acalabrutinib 100 mg tablet, 56 (<i>CALQUENCE</i>)
11213E	IBRUTINIB , ibrutinib 140 mg capsule, 90 (<i>Imbruvica</i>)
11170X	IDELALISIB , idelalisib 100 mg tablet, 60 (<i>Zydelig</i>)
11162L	IDELALISIB , idelalisib 150 mg tablet, 60 (<i>Zydelig</i>)
13345J	TOFACITINIB , tofacitinib 5 mg tablet, 56 (<i>Xeljanz</i>)

11630D	VENETOCLAX , venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack (<i>Venclexta</i>)
12188L	VENETOCLAX , venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack (<i>Venclexta</i>)

Alteration – Manufacturer Code

		From	To
1195X	<i>Largactil</i> – CHLORPROMAZINE , chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules	SW	IX
1201F	<i>Largactil</i> – CHLORPROMAZINE , chlorpromazine hydrochloride 5 mg/mL oral liquid, 100 mL	SW	IX
1197B	<i>Largactil</i> – CHLORPROMAZINE , chlorpromazine hydrochloride 25 mg tablet, 100	SW	IX
1199D	<i>Largactil</i> – CHLORPROMAZINE , chlorpromazine hydrochloride 100 mg tablet, 100	SW	IX
3052P	<i>Neulactil</i> – PERICIAZINE , periciazine 2.5 mg tablet, 100	SW	IX
3053Q	<i>Neulactil</i> – PERICIAZINE , periciazine 10 mg tablet, 100	SW	IX

Supply Only

When a product is deleted from the Schedule it may be available under Supply Only rules. Supply Only items/brands are available on the Schedule for dispensing but not for prescribing, usually for a period of up to 12 months from when it is deleted.

Substitution of Supply Only items/brands with products flagged as “equivalent for substitution” still apply as specified in the Schedule at the time the script was written.

Further information on Supply Only arrangements is available at www.pbs.gov.au

Supply Only Commencing 1 September 2023

9230T	ATORVASTATIN , atorvastatin 10 mg tablet, 30 (<i>APO-Atorvastatin, Atorvachol, Atorvastatin GH, Atorvastatin SZ, Blooms the Chemist Atorvastatin, Lipitor, Lorstat 10, NOUMED ATORVASTATIN, Pharmacor Atorvastatin, Trovas</i>)
9231W	ATORVASTATIN , atorvastatin 20 mg tablet, 30 (<i>APO-Atorvastatin, Atorvachol, Atorvastatin GH, Atorvastatin SZ, Blooms the Chemist Atorvastatin, Lipitor, Lorstat 20, NOUMED ATORVASTATIN, Pharmacor Atorvastatin, Trovas</i>)
9232X	ATORVASTATIN , atorvastatin 40 mg tablet, 30 (<i>APO-Atorvastatin, Atorvachol, Atorvastatin GH, Atorvastatin SZ, Blooms the Chemist Atorvastatin, Lipitor, Lorstat 40, NOUMED ATORVASTATIN, Pharmacor Atorvastatin, Trovas</i>)
9233Y	ATORVASTATIN , atorvastatin 80 mg tablet, 30 (<i>APO-Atorvastatin, Atorvachol, Atorvastatin GH, Atorvastatin SZ, Blooms the Chemist Atorvastatin, Lipitor, Lorstat 80, NOUMED ATORVASTATIN, Pharmacor Atorvastatin, Trovas</i>)
9246P	FENOFIBRATE , fenofibrate 48 mg tablet, 60 (<i>APO-Fenofibrate, FENOFIBRATE RBX, Fenofibrate Cipla, Fenofibrate Mylan, Fenofibrate Viatris, Lipidil</i>)
9247Q	FENOFIBRATE , fenofibrate 145 mg tablet, 30 (<i>APO-Fenofibrate, Blooms the Chemist Fenofibrate, FENOFIBRATE RBX, Fenocol, Fenofibrate Cipla, Fenofibrate Mylan, Fenofibrate Sandoz, Fenofibrate Viatris, Lipidil</i>)
9236D	FLUVASTATIN , fluvastatin 80 mg modified release tablet, 28 (<i>Lescol XL</i>)
9248R	GEMFIBROZIL , gemfibrozil 600 mg tablet, 60 (<i>Ausgem, Lipigem</i>)
9226N	PANCREATIC EXTRACT , pancreatic extract 10 000 units modified release capsule, 100 (<i>Creon 10,000</i>)
9227P	PANCREATIC EXTRACT , pancreatic extract 25 000 units modified release capsule, 100 (<i>Creon 25,000</i>)
12578B	PANCREATIC EXTRACT , pancreatic extract 35 000 units modified release capsule, 100 (<i>Creon 35,000</i>)
5454C	PANCREATIC EXTRACT , pancreatic extract 5000 units/100 mg enteric coated granules, 20 g (<i>Creon Micro</i>)
9237E	PRAVASTATIN , pravastatin sodium 10 mg tablet, 30 (<i>APO-Pravastatin, APX-Pravastatin, Cholstat 10, Lipostat 10, Pravachol, Pravastatin Sandoz</i>)
9238F	PRAVASTATIN , pravastatin sodium 20 mg tablet, 30 (<i>APO-Pravastatin, APX-Pravastatin, Cholstat 20, Lipostat 20, Pravachol, Pravastatin Sandoz</i>)
9239G	PRAVASTATIN , pravastatin sodium 40 mg tablet, 30 (<i>APO-Pravastatin, APX-Pravastatin, Cholstat 40, Lipostat 40, Pravachol, Pravastatin Sandoz</i>)
9240H	PRAVASTATIN , pravastatin sodium 80 mg tablet, 30 (<i>APO-Pravastatin, APX-Pravastatin, Lipostat 80, Pravachol</i>)
2590H	ROSUVASTATIN , rosuvastatin 5 mg tablet, 30 (<i>APX-Rosuvastatin, Blooms the Chemist Rosuvastatin, Cavstat, Crestor, Crosuva 5, Noumed Rosuvastatin, Pharmacor Rosuvastatin 5, Rosuvastatin APOTEX, Rosuvastatin Lupin, Rosuvastatin RBX, Rosuvastatin Sandoz</i>)

2584B	ROSUVASTATIN , rosuvastatin 10 mg tablet, 30 (<i>APX-Rosuvastatin, Blooms the Chemist Rosuvastatin, Cavstat, Crestor, Crosuva 10, Noumed Rosuvastatin, Pharmacor Rosuvastatin 10, Rosuvastatin APOTEX, Rosuvastatin Lupin, Rosuvastatin RBX, Rosuvastatin Sandoz</i>)
2609H	ROSUVASTATIN , rosuvastatin 20 mg tablet, 30 (<i>APX-Rosuvastatin, Blooms the Chemist Rosuvastatin, Cavstat, Crestor, Crosuva 20, Noumed Rosuvastatin, Pharmacor Rosuvastatin 20, Rosuvastatin APOTEX, Rosuvastatin Lupin, Rosuvastatin RBX, Rosuvastatin Sandoz</i>)
2636R	ROSUVASTATIN , rosuvastatin 40 mg tablet, 30 (<i>APX-Rosuvastatin, Blooms the Chemist Rosuvastatin, Cavstat, Crestor, Crosuva 40, Noumed Rosuvastatin, Pharmacor Rosuvastatin 40, Rosuvastatin APOTEX, Rosuvastatin Lupin, Rosuvastatin RBX, Rosuvastatin Sandoz</i>)
9241J	SIMVASTATIN , simvastatin 5 mg tablet, 30 (<i>Simvastatin Sandoz, Zimstat</i>)
9242K	SIMVASTATIN , simvastatin 10 mg tablet, 30 (<i>APO-Simvastatin, NOUMED SIMVASTATIN, Simvar 10, Simvastatin Sandoz, Zimstat</i>)
9243L	SIMVASTATIN , simvastatin 20 mg tablet, 30 (<i>APO-Simvastatin, Lipex 20, NOUMED SIMVASTATIN, Simvar 20, Simvastatin Sandoz, Zimstat, Zocor</i>)
9244M	SIMVASTATIN , simvastatin 40 mg tablet, 30 (<i>APO-Simvastatin, Lipex 40, NOUMED SIMVASTATIN, Simvar 40, Simvastatin Sandoz, Zimstat, Zocor</i>)
9245N	SIMVASTATIN , simvastatin 80 mg tablet, 30 (<i>APO-Simvastatin, Simvar 80, Simvastatin Sandoz, Zimstat</i>)
9208P	SULFASALAZINE , sulfasalazine 500 mg tablet, 100 (<i>Salazopyrin</i>)
9209Q	SULFASALAZINE , sulfasalazine 500 mg enteric tablet, 100 (<i>Pyralin EN, Salazopyrin-EN</i>)

Advance Notices

1 October 2023

Deletion – Brand

9012H	<i>ALENDRONATE PLUS D3 70mg/70ug APOTEX, GX</i> – ALENDRONATE + COLECALCIFEROL , alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4
9183H	<i>ALENDRONATE PLUS D3 70mg/140ug APOTEX, GX</i> – ALENDRONATE + COLECALCIFEROL , alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4
9022W	<i>Fenofibrate Mylan, AF</i> – FENOFIBRATE , fenofibrate 48 mg tablet, 60
9023X	<i>Fenofibrate Mylan, AF</i> – FENOFIBRATE , fenofibrate 145 mg tablet, 30
5264C	<i>Methylprednisolone Alphapharm, AF</i> – METHYLPREDNISOLONE , methylprednisolone 1 g injection, 1 vial
9019Q	<i>Moxonidine MYL, AF</i> – MOXONIDINE , moxonidine 200 microgram tablet, 30
11798Y	<i>Jetrea RTU, IJ</i> – OCRIPLASMIN , ocriplasmin 375 microgram/0.3 mL intraocular injection, 0.3 mL vial
11683X	<i>Omeprazole generichealth, GQ</i> – OMEPRAZOLE , omeprazole 20 mg enteric tablet, 30
12272X	<i>Omeprazole generichealth, GQ</i> – OMEPRAZOLE , omeprazole 20 mg enteric tablet, 30
8331L	<i>Omeprazole generichealth, GQ</i> – OMEPRAZOLE , omeprazole 20 mg enteric tablet, 30
8333N	<i>Omeprazole generichealth, GQ</i> – OMEPRAZOLE , omeprazole 20 mg enteric tablet, 30
1968N	<i>Qpril 5, AF</i> – QUINAPRIL , quinapril 5 mg tablet, 30
1969P	<i>Qpril 10, AF</i> – QUINAPRIL , quinapril 10 mg tablet, 30
1970Q	<i>Qpril 20, AF</i> – QUINAPRIL , quinapril 20 mg tablet, 30
9381R	<i>Telmisartan HCT GH 80/25, GQ</i> – TELMISARTAN + HYDROCHLOROTHIAZIDE , telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

1 November 2023

Deletion – Brand

2363J	<i>Pregabalin GH, GQ</i> – PREGABALIN , pregabalin 300 mg capsule, 56
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1 December 2023

Deletion – Brand

8596K	<i>Amisulpride 400 Winthrop, WA</i> – AMISULPRIDE , amisulpride 400 mg tablet, 60
2418G	<i>Amitriptyline Alphapharm 25, MQ</i> – AMITRIPTYLINE , amitriptyline hydrochloride 25 mg tablet, 50
8452W	<i>Amaryl, SW</i> – GLIMEPIRIDE , glimepiride 4 mg tablet, 30
9020R	<i>Moxonidine MYL, AF</i> – MOXONIDINE , moxonidine 400 microgram tablet, 30

- 8228C *Ikorel, SW* – **NICORANDIL**, nicorandil 10 mg tablet, 60
 8229D *Ikorel, SW* – **NICORANDIL**, nicorandil 20 mg tablet, 60
 8411Q *Zofran Zydis, AS* – **ONDANSETRON**, ondansetron 8 mg wafer, 4

1 January 2024

Deletion – Brand

- 10062N *Temodal, MK* – **TEMOZOLOMIDE**, temozolomide 180 mg capsule, 5
 2438H *Temodal, MK* – **TEMOZOLOMIDE**, temozolomide 180 mg capsule, 5
 8381D *Temodal, MK* – **TEMOZOLOMIDE**, temozolomide 250 mg capsule, 5

Palliative Care

Additions

Addition – Brand

- 5371Q *Alepam 15, AF* – **OXAZEPAM**, oxazepam 15 mg tablet, 25
 5372R *Alepam 30, AF* – **OXAZEPAM**, oxazepam 30 mg tablet, 25

Addition – Equivalence Indicator

- 5371Q *Serepax, AS* – **OXAZEPAM**, oxazepam 15 mg tablet, 25

Highly Specialised Drugs Program (Private Hospital)

Additions

Addition – Caution

- 12784W **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)

Deletions

Deletion – Item

- 9607P **APOMORPHINE**, apomorphine hydrochloride hemihydrate 20 mg/2 mL injection, 5 x 2 mL ampoules (*Movapo*)

Alterations

Alteration – Caution

- 13033Y **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
 13038F **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
 13039G **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
 13040H **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
 6100C **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
 6138C **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)

Advance Notices

1 October 2023

Deletion – Brand

- 11420C *Bacethecal, DZ* – **BACLOFEN**, baclofen 10 mg/5 mL intrathecal injection, 5 x 5 mL ampoules
 6227R *Octreotide MaxRx, GQ* – **OCTREOTIDE**, octreotide 50 microgram/mL injection, 5 x 1 mL ampoules

1 November 2023

Deletion – Brand

- 6357N *Valganciclovir Mylan, AF* – **VALGANCICLOVIR**, valganciclovir 450 mg tablet, 60

1 December 2023

Deletion – Brand

- 6126K *Neupogen, AN* – **FILGRASTIM**, filgrastim 300 microgram/mL injection, 10 x 1 mL vials
- 6127L *Neupogen, AN* – **FILGRASTIM**, filgrastim 480 microgram/1.6 mL injection, 10 x 1.6 mL vials
- 6291D *Neupogen, AN* – **FILGRASTIM**, filgrastim 300 microgram/0.5 mL injection, 10 x 0.5 mL syringes
- 6292E *Neupogen, AN* – **FILGRASTIM**, filgrastim 480 microgram/0.5 mL injection, 10 x 0.5 mL syringes
- 6229W *Octreotide MaxRx, GQ* – **OCTREOTIDE**, octreotide 500 microgram/mL injection, 5 x 1 mL ampoules

Highly Specialised Drugs Program (Public Hospital)

Additions

Addition – Caution

- 12771E **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)

Deletions

Deletion – Item

- 5609F **APOMORPHINE**, apomorphine hydrochloride hemihydrate 20 mg/2 mL injection, 5 x 2 mL ampoules (*Movapo*)

Alterations

Alteration – Caution

- 13028Q **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
- 13036D **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
- 13042K **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
- 13044M **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
- 9597D **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)
- 9598E **AZACITIDINE**, azacitidine 100 mg injection, 1 vial (*Azacitidine Accord, Azacitidine Juno, Azacitidine MSN, Azacitidine Sandoz, Azacitidine-Teva*)

Advance Notices

1 October 2023

Deletion – Brand

- 11421D *Bacthecal, DZ* – **BACLOFEN**, baclofen 10 mg/5 mL intrathecal injection, 5 x 5 mL ampoules
- 9508K *Octreotide MaxRx, GQ* – **OCTREOTIDE**, octreotide 50 microgram/mL injection, 5 x 1 mL ampoules

1 November 2023

Deletion – Brand

- 9569P *Valganciclovir Mylan, AF* – **VALGANCICLOVIR**, valganciclovir 450 mg tablet, 60

1 December 2023

Deletion – Brand

- 5741E *Neupogen, AN* – **FILGRASTIM**, filgrastim 300 microgram/mL injection, 10 x 1 mL vials
- 5742F *Neupogen, AN* – **FILGRASTIM**, filgrastim 300 microgram/0.5 mL injection, 10 x 0.5 mL syringes
- 5743G *Neupogen, AN* – **FILGRASTIM**, filgrastim 480 microgram/1.6 mL injection, 10 x 1.6 mL vials
- 5744H *Neupogen, AN* – **FILGRASTIM**, filgrastim 480 microgram/0.5 mL injection, 10 x 0.5 mL syringes
- 9510M *Octreotide MaxRx, GQ* – **OCTREOTIDE**, octreotide 500 microgram/mL injection, 5 x 1 mL ampoules

Highly Specialised Drugs Program (Community Access)

Deletions

Deletion – Item

10335Y **SAQUINAVIR**, saquinavir 500 mg tablet, 120 (*Invirase*)

Deletion – Brand

10353X *Entecavir GH, GQ* – **ENTECAVIR**, entecavir 1 mg tablet, 30

Advance Notices

1 November 2023

Deletion – Brand

10306K *Valganciclovir Mylan, AF* – **VALGANCICLOVIR**, valganciclovir 450 mg tablet, 60

Repatriation Pharmaceutical Benefits

Deletions

Deletion – Brand

2194L *FonatPlus, AF* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

2224C *FonatPlus, AF* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

Advance Notices

1 October 2023

Deletion – Brand

2194L *ALENDRONATE PLUS D3 70mg/70ug APOTEX, GX* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

2224C *ALENDRONATE PLUS D3 70mg/140ug APOTEX, GX* – **ALENDRONATE + COLECALCIFEROL**, alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

Prescriber Bag

▪ **GLUCAGON HYDROCHLORIDE**

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

13625D	Max.Qty Packs	DPMQ \$	Brand Name and Manufacturer
	1	91.98	^a GlucaGen Hypokit (Germany) [DZ]

OR

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

3467L	Max.Qty Packs	DPMQ \$	Brand Name and Manufacturer
	1	50.63	^a GlucaGen Hypokit [NO]

General Pharmaceutical Benefits

■ ACALABRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

- (1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
- (2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

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 Pharmaceutical benefits that have the form acalabrutinib 100 mg capsule and acalabrutinib 100 mg tablet are equivalent for the purposes of substitution.

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Treatment of relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must not be undergoing retreatment with this drug where prior, active treatment of CLL/SLL with this same drug was unable to prevent disease progression, **AND**
- Patient must be undergoing treatment through this treatment phase listing for the first time; OR
- Patient must be undergoing treatment through this treatment phase listing on a subsequent occasion, with disease progression being absent.

acalabrutinib 100 mg capsule, 56

12117R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	8219.87	30.00	^a Calquence [AP]

acalabrutinib 100 mg tablet, 56

13318Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	8219.87	30.00	^a CALQUENCE [AP]

■ ADAPALENE + BENZOYL PEROXIDE

Note Continuing Therapy Only:

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

Restricted benefit

Severe acne vulgaris

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be maintenance therapy.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

13363H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	±2	3	..	*58.37	30.00	Epiduo [GA]



■ ALENDRONATE

Restricted benefit

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

alendronate 70 mg tablet, 4

13499L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.81	22.21	^a Alendronate Sandoz [SZ] ^a Fonat [AL]	^a APO-Alendronate [TX]

■ ALLOPURINOL

Note The dose should be adjusted in accordance with renal function.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

allopurinol 100 mg tablet, 200

13358C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	..	*22.71	24.11	^a Allopurinol APOTEX [GX] ^a Allosig [RF] ^a Progout 100 [AF]	^a Allopurinol Sandoz [SZ] ^a NOUMED ALLOPURINOL [VO]
			^B 11.24	*33.95	24.11	^a Zyloprim [RW]	

allopurinol 300 mg tablet, 60

13575L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	..	*20.51	21.91	^a Allopurinol APOTEX [GX] ^a Allosig [RF] ^a Progout 300 [AF]	^a Allopurinol Sandoz [SZ] ^a NOUMED ALLOPURINOL [VO]

■ AMILORIDE + HYDROCHLOROTHIAZIDE

Caution Serum electrolytes should be checked regularly.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

amiloride hydrochloride dihydrate 5 mg + hydrochlorothiazide 50 mg tablet, 50

13410T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	4	1	..	*33.29	30.00	Moduretic [AS]

■ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.
- The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.
- The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.
- The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.
- Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides with 2-fucosyllactose and lacto-N-neotetraose powder for oral liquid, 400 g

13615N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	8	5	..	*316.37	30.00	^a Alfamino [NT]

■ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

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

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides with 2-fucosyllactose and lacto-N-neotetraose powder for oral liquid, 400 g

13627F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	8	5	..	*316.37	30.00	^a Alfamino [NT]

■ AMLODIPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

amlodipine 5 mg tablet, 30

13532F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Amlo 5 [RW] ^a Amlodipine APOTEX [GX] ^a Amlodipine Sandoz [SZ] ^a Blooms Amlodipine [BG] ^a BTC Amlodipine [JB] ^a Norvapine [ED] ^a Pharmacor Amlodipine [CR]	^a Amlodipine Amneal [EF] ^a Amlodipine GH [GQ] ^a APO-Amlodipine [TX] ^a Blooms the Chemist Amlodipine [IB] ^a Nordip [AF] ^a NOUMED AMLODIPINE [VO]
			^B 22.34	*40.75	19.81	^a Norvasc [AS]	

amlodipine 10 mg tablet, 30

13562T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Amlo 10 [RW] ^a Amlodipine APOTEX [GX] ^a Amlodipine Sandoz [SZ]	^a Amlodipine Amneal [EF] ^a Amlodipine GH [GQ] ^a APO-Amlodipine [TX]

^a Blooms Amlodipine [BG]	^a Blooms the Chemist Amlodipine [IB]
^a BTC Amlodipine [JB]	^a Nordip [AF]
^a Norvapine [ED]	^a NOUMED AMLODIPINE [VO]
^a Pharmacor Amlodipine [CR]	
^a Norvasc [AS]	

^B22.36 *40.77 19.81

■ AMLODIPINE + ATORVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

amlodipine 10 mg + atorvastatin 10 mg tablet, 30

13479K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*20.27	21.67	^a Cadivast 10/10 [AF]
			^B 10.00	*30.27	21.67	^a Caduet 10/10 [AS]

amlodipine 10 mg + atorvastatin 20 mg tablet, 30

13384K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*20.67	22.07	^a Cadivast 10/20 [AF]
			^B 10.00	*30.67	22.07	^a Caduet 10/20 [AS]

amlodipine 10 mg + atorvastatin 40 mg tablet, 30

13536K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*22.49	23.89	^a Cadivast 10/40 [AF]
			^B 10.00	*32.49	23.89	^a Caduet 10/40 [AS]

amlodipine 5 mg + atorvastatin 10 mg tablet, 30

13596N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*18.91	20.31	Cadivast 5/10 [AF]

amlodipine 5 mg + atorvastatin 20 mg tablet, 30

13567C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*20.37	21.77	Cadivast 5/20 [AF]

amlodipine 5 mg + atorvastatin 40 mg tablet, 30

13415C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*21.11	22.51	^a Cadivast 5/40 [AF]
			^B 10.00	*31.11	22.51	^a Caduet 5/40 [AS]

amlodipine 5 mg + atorvastatin 80 mg tablet, 30

13597P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*23.85	25.25	^a Cadivast 5/80 [AF]
			^B 10.00	*33.85	25.25	^a Caduet 5/80 [AS]

■ AMLODIPINE + VALSARTAN

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

amlodipine 10 mg + valsartan 160 mg tablet, 28

13454D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*34.07	30.00	^a Valsartan/Amlodipine Novartis 160/10 [NM]
			^B 8.00	*42.07	30.00	^a Exforge 10/160 [NV]

amlodipine 10 mg + valsartan 320 mg tablet, 28

13389Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*38.61	30.00	^a Valsartan/Amlodipine Novartis 320/10 [NM]
			^B 8.00	*46.61	30.00	^a Exforge 10/320 [NV]

amlodipine 5 mg + valsartan 160 mg tablet, 28

13516J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*33.01	30.00	^a Valsartan/Amlodipine Novartis 160/5 [NM]
			^B 8.00	*41.01	30.00	^a Exforge 5/160 [NV]

amlodipine 5 mg + valsartan 320 mg tablet, 28

13604B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*38.19	30.00	^a Valsartan/Amlodipine Novartis 320/5 [NM]
			^B 8.00	*46.19	30.00	^a Exforge 5/320 [NV]

amlodipine 5 mg + valsartan 80 mg tablet, 28

13421J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*28.95	30.00	^a Valsartan/Amlodipine Novartis 80/5 [NM]
			^B 8.00	*36.95	30.00	^a Exforge 5/80 [NV]

■ AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE**Restricted benefit**

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

13514G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*37.09	30.00	^a Valsartan/Amlodipine/HCT Novartis 160/10/12.5 [NM]
			^B 8.00	*45.09	30.00	^a Exforge HCT 10/160/12.5 [NV]

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

13390R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*40.13	30.00	^a Valsartan/Amlodipine/HCT Novartis 160/10/25 [NM]
			^B 20.00	*60.13	30.00	^a Exforge HCT 10/160/25 [NV]

amlodipine 10 mg + valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

13573J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*44.67	30.00	^a Valsartan/Amlodipine/HCT Novartis 320/10/25 [NM]
			^B 8.00	*52.67	30.00	^a Exforge HCT 10/320/25 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

13448T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*36.05	30.00	^a Valsartan/Amlodipine/HCT Novartis 160/5/12.5 [NM]
			^B 20.00	*56.05	30.00	^a Exforge HCT 5/160/12.5 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

13603Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*39.07	30.00	^a Valsartan/Amlodipine/HCT Novartis 160/5/25 [NM]
			^B 8.00	*47.07	30.00	^a Exforge HCT 5/160/25 [NV]

■ APIXABAN**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.

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

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

Authority required (STREAMLINED)**14308**

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
 - Patient must have non-valvular atrial fibrillation, **AND**
 - Patient must have one or more risk factors for developing stroke or systemic embolism.
- Risk factors for developing stroke or systemic ischaemic embolism are:
- Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
 - age 75 years or older;

- (iii) hypertension;
- (iv) diabetes mellitus;
- (v) heart failure and/or left ventricular ejection fraction 35% or less.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14300

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a history of venous thromboembolism.

apixaban 2.5 mg tablet, 60

13464P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*171.25	30.00	Eliquis [BQ]

▪ **APIXABAN**

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.

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

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

Authority required (STREAMLINED)

14308

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

- (i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
- (ii) age 75 years or older;
- (iii) hypertension;
- (iv) diabetes mellitus;
- (v) heart failure and/or left ventricular ejection fraction 35% or less.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14264

Deep vein thrombosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

14302

Pulmonary embolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 60

13525W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*171.25	30.00	Eliquis [BQ]

▪ **ATENOLOL**

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

atenolol 50 mg tablet, 30

13540P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Atenolol [TX] ^a Atenolol Amneal [EF] ^a Atenolol Sandoz [SZ] ^a Tensig [RW]	^a APX-Atenolol [TY] ^a Atenolol GH [GQ] ^a Noten [AF]
			^B 26.88	*45.29	19.81	^a Tenormin [IX]	

■ ATENOLOL**Restricted benefit**

For a patient who is unable to take a solid dose form of atenolol.

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

atenolol 50 mg/10 mL oral liquid, 300 mL

13600T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±2	5	..	*79.63	30.00	Atenolol-AFT [AE]

■ ATORVASTATIN**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

atorvastatin 10 mg tablet, 30

13495G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Atorvastatin [TX] ^a Atorvastatin GH [GQ] ^a Blooms the Chemist Atorvastatin [IB] ^a Lorstat 10 [AF] ^a Pharmacor Atorvastatin [CR]	^a Atorvachol [RF] ^a Atorvastatin SZ [HX] ^a Lipitor [AS] ^a NOUMED ATORVASTATIN [VO] ^a Trovas [RA]

atorvastatin 20 mg tablet, 30

13529C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.61	20.01	^a APO-Atorvastatin [TX] ^a Atorvastatin GH [GQ] ^a Blooms the Chemist Atorvastatin [IB] ^a Lorstat 20 [AF] ^a Pharmacor Atorvastatin [CR]	^a Atorvachol [RF] ^a Atorvastatin SZ [HX] ^a Lipitor [AS] ^a NOUMED ATORVASTATIN [VO] ^a Trovas [RA]

atorvastatin 40 mg tablet, 30

13468W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.41	21.81	^a APO-Atorvastatin [TX] ^a Atorvastatin GH [GQ] ^a Blooms the Chemist Atorvastatin [IB] ^a Lorstat 40 [AF] ^a Pharmacor Atorvastatin [CR]	^a Atorvachol [RF] ^a Atorvastatin SZ [HX] ^a Lipitor [AS] ^a NOUMED ATORVASTATIN [VO] ^a Trovas [RA]

atorvastatin 80 mg tablet, 30

13374X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.59	22.99	^a APO-Atorvastatin [TX] ^a Atorvastatin GH [GQ] ^a Blooms the Chemist Atorvastatin [IB] ^a Lorstat 80 [AF] ^a Pharmacor Atorvastatin [CR]	^a Atorvachol [RF] ^a Atorvastatin SZ [HX] ^a Lipitor [AS] ^a NOUMED ATORVASTATIN [VO] ^a Trovas [RA]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Oral azacitidine should not be used interchangeably with injectable azacitidine due to differences in the exposure, dose and schedule of treatment.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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

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

Note Special Pricing Arrangements apply.

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Treatment following intensive induction chemotherapy - Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have, for reasons not attributable to any cause other than AML, no more than 15% blasts in either the: (i) bone marrow, (ii) peripheral blood, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

azacitidine 200 mg tablet, 7

13623B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	2	..	*13389.89	30.00	Onureg [CJ]

▪ **AZACITIDINE**

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Oral azacitidine should not be used interchangeably with injectable azacitidine due to differences in the exposure, dose and schedule of treatment.

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

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826

HOBART TAS 7001

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

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

Note Special Pricing Arrangements apply.

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Dose escalation therapy - Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have, in order to extend the dose schedule as per the TGA-approved Product Information, between 5% to 15% blasts in either the: (i) bone marrow, (ii) peripheral blood, in conjunction with clinical assessment, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

Authority applications must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail:

If the application is submitted through HPOS form upload or mail, it must include:

- (a) a completed authority prescription form; and
- (b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice)
- (c) details (date, unique identifying number/code or provider number) of the pathology report from an Approved Pathology Authority demonstrating the blast percentage.

All reports must be documented in the patient's medical records.

azacitidine 300 mg tablet, 7

13624C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	3	1	..	*20003.79	30.00	Onureg [CJ]

▪ **AZACITIDINE**

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Oral azacitidine should not be used interchangeably with injectable azacitidine due to differences in the exposure, dose and schedule of treatment.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

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

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

Note Special Pricing Arrangements apply.

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Treatment following intensive induction chemotherapy - Initial treatment

Clinical criteria:

- Patient must have demonstrated either: (i) first complete remission, (ii) complete remission with incomplete blood count recovery following intensive induction chemotherapy, **AND**
- Patient must not be a candidate for, including those who choose not to proceed to, haematopoietic stem cell transplantation, **AND**
- Patient must have, at the time of induction therapy, a cytogenetic risk classified as either: (i) intermediate-risk, (ii) poor-risk, **AND**
- Patient must not have undergone a stem cell transplant, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

A complete remission is defined as: bone marrow blasts of less than 5%, absence of blasts with Auer rods, absence of extramedullary disease, independent of blood transfusions and a recovery of peripheral blood counts with peripheral neutrophil count greater than $1.0 \times 10^9/L$ and platelet count greater than or equal to $100 \times 10^9/L$.

A complete remission with incomplete blood count recovery is defined as bone marrow blasts of less than 5%, absence of blasts with Auer rods, absence of extramedullary disease, independent of blood transfusions and a recovery of peripheral blood counts with peripheral neutrophil count less than $1.0 \times 10^9/L$ or platelet count less than $100 \times 10^9/L$.

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Treatment following intensive induction chemotherapy - Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have, for reasons not attributable to any cause other than AML, no more than 15% blasts in either the: (i) bone marrow, (ii) peripheral blood, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with midostaurin.

azacitidine 300 mg tablet, 7

13619T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	2	..	*13371.85	30.00	Onureg [CJ]

■ BACLOFEN**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

baclofen 10 mg tablet, 100

13522Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*32.95	30.00	^a APO-Baclofen [TX] ^a Lioresal 10 [NV]	^a Clofen 10 [AF] ^a Stelax 10 [RW]

baclofen 25 mg tablet, 100

13359D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*56.61	30.00	^a APO-Baclofen [TX] ^a Lioresal 25 [NV]	^a Clofen 25 [AF] ^a Stelax 25 [RW]

■ BALSALAZIDE

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.

Authority required (STREAMLINED)**14306**

Ulcerative colitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have had a documented hypersensitivity reaction to a sulphonamide; OR
- Patient must be intolerant to sulfasalazine.

balsalazide sodium 750 mg capsule, 280

13484Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*230.17	30.00	Colazide [PK]

■ BISOPROLOL**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

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

bisoprolol fumarate 10 mg tablet, 28

13444N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*29.45	30.00	^a APO-Bisoprolol [TX] ^a Bisoprolol Dr.Reddy's [RI] ^a Bisoprolol Sandoz [SZ] ^a Cipla Bisoprolol [LR]	^a Bicard 10 [RW] ^a Bisoprolol generichealth [GQ] ^a Bispro 10 [AF] ^a NOUMED BISOPROLOL [VO]
			^B 13.40	*42.85	30.00	^a Bicolor [AL]	

bisoprolol fumarate 2.5 mg tablet, 28

13419G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*23.53	24.93	^a APO-Bisoprolol [TX] ^a Bisoprolol Dr.Reddy's [RI] ^a Bisoprolol Sandoz [SZ] ^a Cipla Bisoprolol [LR]	^a Bicard 2.5 [RW] ^a Bisoprolol generichealth [GQ] ^a Bispro 2.5 [AF] ^a NOUMED BISOPROLOL [VO]
			^B 13.48	*37.01	24.93	^a Bicolor [AL]	

bisoprolol fumarate 5 mg tablet, 28

13443M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*26.15	27.55	^a APO-Bisoprolol [TX] ^a Bisoprolol Dr.Reddy's [RI] ^a Bisoprolol Sandoz [SZ] ^a Cipla Bisoprolol [LR]	^a Bicard 5 [RW] ^a Bisoprolol generichealth [GQ] ^a Bispro 5 [AF] ^a NOUMED BISOPROLOL [VO]
			^B 13.40	*39.55	27.55	^a Bicolor [AL]	

■ BUDESONIDE + FORMOTEROL

Note For prescriptions written for the Maximum Quantity of 2 inhalers (units), item code 11301T (2x60 pack) and item code 13258T (1x60 pack) are substitutable when dispensing 2 inhalers.

Note Pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations and pharmaceutical benefits that have the form budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations are equivalent for the purposes of substitution when dispensing 2 inhalers at one time.

Authority required (STREAMLINED)

7979

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note Patient must be aged 18 years or older.

Note Budesonide/formoterol fumarate dihydrate powder for inhalation 400/12 microgram strength inhalers are not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

13258T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*60.45	30.00	^a DuoResp Spiromax [EV]	^a Rilast TURBUHALER 400/12 [ZA]
			^B 4.00	*64.45	30.00	^a Symbicort TURBUHALER 400/12 [AP]	

budesonide 400 microgram/actuation + formoterol fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations

11301T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±1	5	..	60.45	30.00	^a BiResp Spiromax [TB]	^a DuoResp Spiromax [EV]

▪ **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 stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be inadequately controlled by potent topical corticosteroid monotherapy.

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

13577N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±2	1	..	*65.01	30.00	^a Calcipotriol/Betamethasone Sandoz 50/500 [SZ]	^a Daivobet [LO]

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% foam, 60 g

13520N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±2	1	..	*159.69	30.00	Enstilar [LO]

▪ **CALCITRIOL**

Authority required (STREAMLINED)

14322

Hypocalcaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be due to renal disease.

Authority required (STREAMLINED)

14287

Hypoparathyroidism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14231

Hypophosphataemic rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14296

Vitamin D-resistant rickets

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Authority required (STREAMLINED)

14259

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

13457G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	..	*45.23	30.00	^a APO-Calcitriol [TX] ^a Calcitriol AN [EA] ^a Kosteo [RW]	^a Calciprox [ZS] ^a CALITROL [ED] ^a Sical [AF]
			^B 4.58	*49.81	30.00	^a Rocaltrol [IX]	

■ CALCIUM

Authority required (STREAMLINED)

14228

Hyperphosphataemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be associated with chronic renal failure.

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

13485R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	1	..	*45.17	30.00	Cal-500 [PP]

calcium carbonate 1.5 g (calcium 600 mg) tablet, 240

13547B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	1	..	*30.33	30.00	Calci-Tab 600 [AE]

■ CANDESARTAN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

candesartan cilexetil 8 mg tablet, 30

13436E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Adesan [AF] ^a Blooms the Chemist Candesartan [IB] ^a CANDESAN [RF] ^a NOUMED CANDESARTAN [VO]	^a APO-Candesartan [TX] ^a BTC Candesartan [BG] ^a Candesartan Sandoz [SZ]
			^B 26.90	*45.31	19.81	^a Atacand [AP]	

candesartan cilexetil 16 mg tablet, 30

13565Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.25	22.65	^a Adesan [AF] ^a Blooms the Chemist Candesartan [IB] ^a CANDESAN [RF] ^a NOUMED CANDESARTAN [VO]	^a APO-Candesartan [TX] ^a BTC Candesartan [BG] ^a Candesartan Sandoz [SZ]
			^B 26.94	*48.19	22.65	^a Atacand [AP]	

candesartan cilexetil 32 mg tablet, 30

13438G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.59	22.99	^a Adesan [AF] ^a Blooms the Chemist Candesartan [IB] ^a CANDESAN [RF] ^a NOUMED CANDESARTAN [VO]	^a APO-Candesartan [TX] ^a BTC Candesartan [BG] ^a Candesartan Sandoz [SZ]
			^B 23.22	*44.81	22.99	^a Atacand [AP]	

candesartan cilexetil 4 mg tablet, 30

13592J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Adesan [AF] ^a Blooms the Chemist Candesartan [IB] ^a CANDESAN [RF] ^a NOUMED CANDESARTAN [VO]	^a APO-Candesartan [TX] ^a BTC Candesartan [BG] ^a Candesartan Sandoz [SZ]
			^B 26.90	*45.31	19.81	^a Atacand [AP]	

■ CANDESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

13391T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.59	22.99	^a Adesan HCT 16/12.5 [AF]	^a APO-Candesartan HCTZ 16/12.5 [TX]
						^a Blooms the Chemist Candesartan HCTZ 16/12.5 [IB]	^a CANDESAN COMBI 16/12.5 [RF]
						^a Candesartan/HCT Sandoz [SZ]	^a NOUMED CANDESARTAN/HCT [VO]
			^B 26.18	*47.77	22.99	^a Atacand Plus 16/12.5 [AP]	

candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

13452B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.59	22.99	^a Adesan HCT 32/12.5 [AF]	^a APO-Candesartan HCTZ 32/12.5 [TX]
						^a Blooms the Chemist Candesartan HCTZ 32/12.5 [IB]	^a CANDESAN COMBI 32/12.5 [RF]
						^a Candesartan/HCT Sandoz [SZ]	^a NOUMED CANDESARTAN/HCT [VO]
			^B 22.36	*43.95	22.99	^a Atacand Plus 32/12.5 [AP]	

candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

13392W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.67	24.07	^a Adesan HCT 32/25 [AF]	^a APO-Candesartan HCTZ 32/25 [TX]
						^a Blooms the Chemist Candesartan HCTZ 32/25 [IB]	^a CANDESAN COMBI 32/25 [RF]
						^a Candesartan/HCT Sandoz [SZ]	^a NOUMED CANDESARTAN/HCT [VO]
			^B 21.70	*44.37	24.07	^a Atacand Plus 32/25 [AP]	

■ CARVEDILOL

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

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Restricted benefit

Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

carvedilol 12.5 mg tablet, 60

13418F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*29.45	30.00	^a APO-Carvedilol [TX]	^a Carvedilol Sandoz [SZ]
						^a Carvidol [RF]	^a Dicarz [AF]
						^a Dilatrend 12.5 [PB]	^a Vedilol 12.5 [RW]
						^a Volirop 12.5 [ZS]	

carvedilol 25 mg tablet, 60

13387N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*33.55	30.00	^a APO-Carvedilol [TX]	^a Carvedilol Sandoz [SZ]
						^a Carvidol [RF]	^a Dicarz [AF]
						^a Dilatrend 25 [PB]	^a Vedilol 25 [RW]

^a Volirop 25 [ZS]

carvedilol 6.25 mg tablet, 60

13417E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*26.15	27.55	^a APO-Carvedilol [TX] ^a Carvidol [RF] ^a Dilatrend 6.25 [PB] ^a Volirop 6.25 [ZS]	^a Carvedilol Sandoz [SZ] ^a Dicarz [AF] ^a Vedilol 6.25 [RW]

■ CHLORTALIDONE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

chlortalidone 25 mg tablet, 50

13500M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	1	..	*28.77	30.00	Hygroton 25 [GH]

■ CLONIDINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

clonidine hydrochloride 100 microgram tablet, 100

13578P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*37.65	30.00	^a APO-Clonidine [TX] ^a Clonidine Lupin [GQ]	^a Catapres 100 [IX]

clonidine hydrochloride 150 microgram tablet, 100

13548C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*49.99	30.00	Catapres [IX]

■ CLOPIDOGREL

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

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

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

clopidogrel 75 mg tablet, 28

13365K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.17	22.57	^a BTC Clopidogrel [JB] ^a Clovix 75 [RW]	^a Clopidogrel GH [GQ] ^a Plidogrel [RF]

clopidogrel 75 mg tablet, 28

13399F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.17	22.57	^a Clopidogrel Lupin [GQ] ^a Clopidogrel Winthrop [WA] ^a Piax [AF]	^a Clopidogrel Sandoz Pharma [HX] ^a Iscover [AV] ^a Plavacor 75 [CR]

■ CLOPIDOGREL + ASPIRIN

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

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

clopidogrel 75 mg + aspirin 100 mg tablet, 30

13427Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.75	23.15	^a APX-Clopidogrel/Aspirin 75/100 [TY] ^a Clopidogrel Winthrop plus aspirin [WA] ^a DuoPlidogrel [GZ]	^a CLOPIDOGREL/ASPIRIN AN 75/100 [ED] ^a DuoCover [AV] ^a Piax Plus Aspirin [AF]

■ DABIGATRAN

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.

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

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14308

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

- Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
- age 75 years or older;
- hypertension;
- diabetes mellitus;
- heart failure and/or left ventricular ejection fraction 35% or less.

dabigatran etexilate 110 mg capsule, 60

13523R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*154.03	30.00	Pradaxa [BY]

dabigatran etexilate 150 mg capsule, 60

13489Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*154.05	30.00	Pradaxa [BY]

■ ENALAPRIL

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

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

enalapril maleate 10 mg tablet, 30

13465Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.23	21.63	^a Acetec [AL] ^a Enalapril generichealth [GQ] ^a Malean [RW]	^a APO-Enalapril [TX] ^a Enalapril Sandoz [SZ]
			^B 20.82	*41.05	21.63	^a Renitec [AF]	

enalapril maleate 20 mg tablet, 30

13401H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.83	22.23	^a Acetec [AL] ^a Enalapril generichealth [GQ] ^a Malean [RW]	^a APO-Enalapril [TX] ^a Enalapril Sandoz [SZ]
			^B 20.80	*41.63	22.23	^a Renitec 20 [AF]	

enalapril maleate 5 mg tablet, 30

13369P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Acetec [AL] ^a Enalapril generichealth [GQ] ^a Malean [RW]	^a APO-Enalapril [TX] ^a Enalapril Sandoz [SZ]

■ ENALAPRIL + HYDROCHLOROTHIAZIDE

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

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR

- The condition must be inadequately controlled with a thiazide diuretic.

enalapril maleate 20 mg + hydrochlorothiazide 6 mg tablet, 30

13439H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*23.73	25.13	^a Enalapril/HCT Sandoz [SZ]	^a Renitec Plus 20/6 [AF]

■ EPLERENONE

Caution Serum electrolytes should be checked regularly

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)

14266

Heart failure with a left ventricular ejection fraction of 40% or less

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
 - The condition must occur within 3 to 14 days following an acute myocardial infarction, **AND**
 - The treatment must be commenced within 14 days of an acute myocardial infarction.
- The date of the acute myocardial infarction and the date of initiation of treatment with this drug must be documented in the patient's medical records when PBS-subsidised treatment is initiated

eplerenone 25 mg tablet, 30

13590G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*94.25	30.00	^a APO-Eplerenone [TX] ^a Inpler [AF]	^a ESPLER [RW] ^a Inspra [UJ]

eplerenone 50 mg tablet, 30

13379E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*94.25	30.00	^a APO-Eplerenone [TX] ^a Inpler [AF]	^a ESPLER [RW] ^a Inspra [UJ]

■ EZETIMIBE

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)

14249

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The treatment must be co-administered with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

14283

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose; OR
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a withdrawal of the statin treatment; OR
- Patient must be one in whom treatment with an HMG CoA reductase inhibitor (statin) is contraindicated, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

- (i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or
- (ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or
- (iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

Authority required (STREAMLINED)

14310

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have homozygous sitosterolaemia.

ezetimibe 10 mg tablet, 30

13440J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*30.79	30.00	^a APO-Ezetimibe [TX]	^a Blooms The Chemist Ezetimibe [IB]
						^a BTC Ezetimibe [BG]	^a EZEMICHOL [RW]
						^a Ezetimibe GH [GQ]	^a Ezetimibe Sandoz [SZ]
						^a Pharmacor Ezetimibe 10 [CR]	^a Zient 10mg [AF]
						^a Ezetrol [AL]	
			^b 6.80	*37.59	30.00		

■ EZETIMIBE (&) ROSUVASTATIN

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

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)

14284

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

ezetimibe 10 mg tablet [30] (&) rosuvastatin 10 mg tablet [30], 60

13569E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±2	5	..	*36.27	30.00	^a Ezalo Composite Pack 10mg+10mg [AF]	^a Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]
			^B 8.00	*44.27	30.00	^a Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 20 mg tablet [30], 60

13480L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±2	5	..	*35.77	30.00	^a Ezalo Composite Pack 10mg+20mg [AF]	^a Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]
			^B 8.00	*43.77	30.00	^a Rosuzet Composite Pack [AL]	

ezetimibe 10 mg tablet [30] (&) rosuvastatin 40 mg tablet [30], 60

13537L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±2	5	..	*37.87	30.00	^a Ezalo Composite Pack 10mg+40mg [AF]	^a Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]
			^B 8.00	*45.87	30.00	^a Rosuzet Composite Pack [AL]	

■ EZETIMIBE (&) ROSUVASTATIN

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 The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

14350

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR

- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

- (i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or
- (ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or
- (iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60

13629H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±2	5	..	*33.19	30.00	^a Ezalo Composite Pack 10mg+5mg [AF]
			^B 8.00	*41.19	30.00	^a Rosuzet Composite Pack [AL]

■ EZETIMIBE + ATORVASTATIN

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

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)

14284

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

ezetimibe 10 mg + atorvastatin 40 mg tablet, 30

13416D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*37.13	30.00	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/40 [GQ]
			^B 6.00	*43.13	30.00	^a Atozet [AF]	

ezetimibe 10 mg + atorvastatin 80 mg tablet, 30

13538M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*39.39	30.00	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/80 [GQ]
			^b 5.90	*45.29	30.00	^a Atozet [AF]	

■ EZETIMIBE + ATORVASTATIN**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 The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)**14269**

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

- (i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or
- (ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or
- (iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg + atorvastatin 10 mg tablet, 30

13539N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*33.85	30.00	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/10 [GQ]
			^b 6.00	*39.85	30.00	^a Atozet [AF]	

■ EZETIMIBE + ATORVASTATIN

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

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)**14348**

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**

- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

ezetimibe 10 mg + atorvastatin 20 mg tablet, 30

13622Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*35.31	30.00	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/20 [GQ]
			^b 6.00	*41.31	30.00	^a Atozet [AF]	

■ EZETIMIBE + SIMVASTATIN

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 The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

14269

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

- Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or
- Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg + simvastatin 10 mg tablet, 30

13385L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*33.03	30.00	^a APO-Ezetimibe/Simvastatin 10/10 [TX] ^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ] ^a EZEVTY 10/10 [LR] ^a Pharmacor Ezetimibe Simvastatin 10/10 [CR] ^a Zeklen 10/10 mg [AF]	^a EZESIM 10/10 [RZ] ^a EZETORIN [RW] ^a EzSimva GH 10/10 [GQ] ^a Vytorin [AL]

ezetimibe 10 mg + simvastatin 20 mg tablet, 30

13442L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*34.05	30.00	^a APO-Ezetimibe/Simvastatin 10/20 [TX] ^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ] ^a EZEVTY 10/20 [LR] ^a Pharmacor Ezetimibe Simvastatin 10/20 [CR] ^a Zeklen 10/20 mg [AF]	^a EZESIM 10/20 [RZ] ^a EZETORIN [RW] ^a EzSimva GH 10/20 [GQ] ^a Vytorin [AL]

■ EZETIMIBE + SIMVASTATIN

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

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)

14284

Hypercholesterolaemia

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

ezetimibe 10 mg + simvastatin 40 mg tablet, 30

13535J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*35.47	30.00	^a APO-Ezetimibe/Simvastatin 10/40 [TX]	^a EZESIM 10/40 [RZ]

- ^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
^a EZEVYT 10/40 [LR]
^a Pharmacor Ezetimibe Simvastatin 10/40 [CR]
^a Zeklen 10/40 mg [AF]
- ^a EZETORIN [RW]
^a EzSimva GH 10/40 [GQ]
^a Vytorin [AL]

ezetimibe 10 mg + simvastatin 80 mg tablet, 30

13595M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*37.47	30.00	^a APO-Ezetimibe/Simvastatin 10/80 [TX] ^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ] ^a EZEVYT 10/80 [LR] ^a Pharmacor Ezetimibe Simvastatin 10/80 [CR] ^a Zeklen 10/80 mg [AF]	^a EZESIM 10/80 [RZ] ^a EZETORIN [RW] ^a EzSimva GH 10/80 [GQ] ^a Vytorin [AL]

■ FEBUXOSTAT

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.

Authority required (STREAMLINED)

14313

Chronic gout

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The condition must be either chronic gouty arthritis or chronic tophaceous gout, **AND**
- Patient must have a medical contraindication to allopurinol; OR
- Patient must have a documented history of allopurinol hypersensitivity syndrome; OR
- Patient must have an intolerance to allopurinol necessitating permanent treatment discontinuation.

febuxostat 80 mg tablet, 28

13519M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*88.71	30.00	Adenuric [FK]

■ FELODIPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

felodipine 10 mg modified release tablet, 30

13531E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*27.59	28.99	^a Felodil XR 10 [RW] ^a Fendex ER [AF]	^a Felodur ER 10 mg [TX]
			^B 7.50	*35.09	28.99	^a Plendil ER [GX]	

felodipine 2.5 mg modified release tablet, 30

13377C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.67	21.07	^a Felodur ER 2.5 mg [TX] ^a Plendil ER [GX]	^a Fendex ER [AF]
			^B 7.94	*27.61	21.07		

felodipine 5 mg modified release tablet, 30

13561R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.05	22.45	^a Felodil XR 5 [RW] ^a Fendex ER [AF]	^a Felodur ER 5 mg [TX]
			^B 7.76	*28.81	22.45	^a Plendil ER [GX]	

■ FENOFIBRATE

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fenofibrate 145 mg tablet, 30

13587D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*31.23	30.00	^a APO-Fenofibrate [TX] ^a Fenocol [YC] ^a FENOFIBRATE RBX [RA] ^a Fenofibrate Viatris [AL]	^a Blooms the Chemist Fenofibrate [IB] ^a Fenofibrate Cipla [LR] ^a Fenofibrate Sandoz [SZ] ^a Lipidil [GO]

fenofibrate 48 mg tablet, 60

13469X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*25.17	26.57	^a APO-Fenofibrate [TX] ^a FENOFIBRATE RBX [RA] ^a Lipidil [GO]	^a Fenofibrate Cipla [LR] ^a Fenofibrate Viatris [AL]

■ FLUVASTATIN**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

fluvastatin 80 mg modified release tablet, 28

13558N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*60.25	30.00	Lescol XL [NV]

■ FUROSEMIDE**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

furosemide 10 mg/mL oral liquid, 30 mL

13504R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	±2	3	..	*45.03	30.00	Lasix [SW]

furosemide 40 mg tablet, 100

13472C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	1	..	*18.41	19.81	Urex [RW] ^a APO-Furosemide [TX] ^a FUROSEMIDE AN [EA] ^a Uremide [AF]	^a Frusax [ZS] ^a NOUMED FUROSEMIDE [VO]
			^b 2.08	*20.49	19.81	^a Frusemix [TY]	

furosemide 500 mg tablet, 50

13474E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	3	..	*32.61	30.00	Urex-Forte [RW]

■ FUROSEMIDE

Note Pharmaceutical benefits that have the form furosemide 20 mg tablet, 50 and pharmaceutical benefits that have the form furosemide 20 mg tablet, 100 are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

furosemide 20 mg tablet, 50

13501N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	1	..	*23.77	25.17	^a Frusemix-M [TY]	^a Urex-M [RW]

furosemide 20 mg tablet, 100

13473D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	1	..	*23.75	25.15	^a APO-Frusemix [TX]	^a FUROSEMIDE AN [EA]
			^b 2.12	*25.87	25.15	^a Frusemix-M [TY]	

■ GEMFIBROZIL

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

gemfibrozil 600 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
13618R	2	5	..	*32.79	30.00	^a Ausgem [RW]	^a Lipigem [AF]

NP

■ GLUCAGON HYDROCHLORIDE

Note Pharmaceutical Benefits that have the form glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack are equivalent for the purpose of substitution in case of a shortage.

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13612K	1	..	..	91.98	30.00	^a GlucaGen Hypokit (Germany) [DZ]

DP

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13614M	1	1	..	91.98	30.00	^a GlucaGen Hypokit (Germany) [DZ]

NP

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
1449G	1	1	..	50.63	30.00	^a GlucaGen Hypokit [NO]

NP

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
5105Q	1	..	..	50.63	30.00	^a GlucaGen Hypokit [NO]

DP

■ GLYCERYL TRINITRATE**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

glyceryl trinitrate 10 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13580R	2	5	..	*55.53	30.00	Transiderm-Nitro 50 [SZ]

NP

glyceryl trinitrate 5 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13490B	2	5	..	*45.43	30.00	Transiderm-Nitro 25 [SZ]

NP

■ GLYCERYL TRINITRATE

Note The spray should not be inhaled.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13549D	±2	5	..	*36.83	30.00	Nitrolingual Pumpspray [SW]

NP

■ HYDROCHLOROTHIAZIDE**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

hydrochlorothiazide 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13409R	2	1	..	*29.29	30.00	Dithiazide [FF]

NP

■ IBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

- (1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
- (2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Treatment of relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must not be undergoing retreatment with this drug where prior, active treatment of CLL/SLL with this same drug was unable to prevent disease progression, **AND**
- Patient must be undergoing treatment through this treatment phase listing for the first time; OR
- Patient must be undergoing treatment through this treatment phase listing on a subsequent occasion, with disease progression being absent.

ibrutinib 140 mg capsule, 90

11213E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	8363.76	30.00	Imbruvica [JC]

▪ **IDELALISIB**

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

- (1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
- (2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be confirmed Chronic lymphocytic leukaemia (CLL) prior to initiation of treatment; OR
- The condition must be confirmed Small lymphocytic lymphoma (SLL) prior to initiation of treatment, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 8 doses under this restriction, followed by monotherapy for this condition, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The condition must be CD20 positive, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for Chronic lymphocytic leukaemia; OR
- Patient must have previously received PBS-subsidised treatment with this drug for Small lymphocytic leukaemia, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

idelalisib 100 mg tablet, 60

11170X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	5118.99	30.00	Zydelig [GI]

idelalisib 150 mg tablet, 60

11162L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	5118.99	30.00	Zydelig [GI]

▪ **INDAPAMIDE**

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

indapamide hemihydrate 1.5 mg modified release tablet, 90

13475F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	1	..	*28.41	29.81	^a APO-Indapamide SR [TX] ^a Tenaxil SR [RW]	^a Odaplix SR [AF]
			^B 14.30	*42.71	29.81	^a Natrilix SR [SE]	

indapamide hemihydrate 2.5 mg tablet, 90

13378D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	1	..	*23.55	24.95	^a Dapa-Tabs [AF]	^a Insig [RW]

■ IRBESARTAN**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

irbesartan 150 mg tablet, 30

13380F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Abisart 150 [AL] ^a AVSARTAN [RF] ^a Irbesartan GH [GQ] ^a Noumed Irbesartan [VO]	^a APO-Irbesartan [TX] ^a Blooms the Chemist Irbesartan [IB] ^a Irbesartan Sandoz [SZ]
			^B 6.20	*24.61	19.81	^a Avapro [AV]	^a Karvea [SW]

irbesartan 300 mg tablet, 30

13564X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a Abisart 300 [AL] ^a AVSARTAN [RF] ^a Irbesartan AN [EA] ^a Irbesartan Sandoz [SZ]	^a APO-Irbesartan [TX] ^a Blooms the Chemist Irbesartan [IB] ^a Irbesartan GH [GQ] ^a Noumed Irbesartan [VO]
			^B 6.24	*26.75	21.91	^a Avapro [AV]	^a Karvea [SW]

irbesartan 75 mg tablet, 30

13435D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Abisart 75 [AL] ^a AVSARTAN [RF] ^a Irbesartan AMNEAL [EF] ^a Irbesartan GH [GQ] ^a Noumed Irbesartan [VO]	^a APO-Irbesartan [TX] ^a Blooms the Chemist Irbesartan [IB] ^a Irbesartan AN [EA] ^a Irbesartan Sandoz [SZ]
			^B 6.20	*24.61	19.81	^a Avapro [AV]	^a Karvea [SW]

■ IRBESARTAN + HYDROCHLOROTHIAZIDE**Restricted benefit**

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

13572H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Abisart HCTZ 150/12.5 [AL] ^a AVSARTAN HCT 150/12.5 [RF] ^a Irbesartan/HCT Sandoz [SZ]	^a APO-Irbesartan HCTZ [TX] ^a Blooms the Chemist Irbesartan HCTZ 150/12.5 [IB]
			^B 6.20	*24.61	19.81	^a Avapro HCT 150/12.5 [AV]	^a Karvezide 150/12.5 [SW]

irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

13545X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.73	22.13	^a Abisart HCTZ 300/12.5 [AL] ^a AVSARTAN HCT 300/12.5 [RF] ^a Irbesartan/HCT Sandoz [SZ]	^a APO-Irbesartan HCTZ [TX] ^a Blooms the Chemist Irbesartan HCTZ 300/12.5 [IB]
			^B 6.24	*26.97	22.13	^a Avapro HCT 300/12.5 [AV]	^a Karvezide 300/12.5 [SW]

irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*21.41	22.81	^a Abisart HCTZ 300/25 [AL]	^a APO-Irbesartan HCTZ [TX]

13446Q

NP

^a AVSARTAN HCT 300/25 [RF] ^a Blooms the Chemist
Irbesartan HCTZ 300/25 [IB]
^a Irbesartan/HCT Sandoz [SZ]
^a Avapro HCT 300/25 [AV] ^a Karvezide 300/25 [SW]

^B6.24 *27.65 22.81

■ ISOSORBIDE DINITRATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

isosorbide dinitrate 5 mg sublingual tablet, 100

13491C

NP

Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
4	2	..	*28.05	29.45	Isordil Sublingual [RW]

■ ISOSORBIDE MONONITRATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

isosorbide mononitrate 60 mg modified release tablet, 30

13461L

NP

Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*20.51	21.91	^a APO-Isosorbide Mononitrate [TX]	^a Duride [AF]
					^a ISOBIDE MR [RF]	^a Isosorbide AN [EA]
		^B 4.98	*25.49	21.91	^a Monodur 60 mg [IY]	
		^B 6.76	*27.27	21.91	^a Imdur Durule [IX]	

isosorbide mononitrate 120 mg modified release tablet, 30

13611J

NP

Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
2	5	..	*27.63	29.03	^a Monodur 120 mg [IY]
		^B 6.74	*34.37	29.03	^a Imdur 120 mg [IX]

■ LERCANIDIPINE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

lercanidipine hydrochloride 10 mg tablet, 28

13411W

NP

Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*18.41	19.81	^a BTC Lercanidipine [JB]	^a Lercanidipine APOTEX [GX]
					^a Zircol 10 [AL]	
		^B 6.96	*25.37	19.81	^a Zanidip [GO]	

lercanidipine hydrochloride 20 mg tablet, 28

13412X

NP

Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*20.51	21.91	^a BTC Lercanidipine [JB]	^a Lercanidipine APOTEX [GX]
					^a Zircol 20 [AL]	
		^B 7.00	*27.51	21.91	^a Zanidip [GO]	

■ LERCANIDIPINE + ENALAPRIL

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

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

lercanidipine hydrochloride 10 mg + enalapril maleate 10 mg tablet, 28

13507X

NP

Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
2	5	..	*22.95	24.35	Zan-Extra 10/10 [GO]

lercanidipine hydrochloride 10 mg + enalapril maleate 20 mg tablet, 28

13477H

NP

Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
2	5	..	*24.51	25.91	Zan-Extra 10/20 [GO]

■ LEVOTHYROXINE

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 Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup or APO-Levothyroxine on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup and APO-Levothyroxine brands) and pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 2 x 100 (Levoxine brand) are equivalent for the purposes of substitution.

levothyroxine sodium 75 microgram tablet, 2 x 100

12960D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	23.26	24.66	^a LEVOXINE [RA]

■ LEVOTHYROXINE

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 Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup or APO-Levothyroxine on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup and APO-Levothyroxine brands) and pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 2 x 100 (Levoxine brand) are equivalent for the purposes of substitution.

levothyroxine sodium 100 microgram tablet, 2 x 100

12968M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	23.45	24.85	^a LEVOXINE [RA]

■ LEVOTHYROXINE

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 Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup or APO-Levothyroxine on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup and APO-Levothyroxine brands) and pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 2 x 100 (Levoxine brand) are equivalent for the purposes of substitution.

levothyroxine sodium 50 microgram tablet, 2 x 100

12969N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	23.09	24.49	^a LEVOXINE [RA]

■ LEVOTHYROXINE

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 Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup or APO-Levothyroxine on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup and APO-Levothyroxine brands) and pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 2 x 100 (Levoxine brand) are equivalent for the purposes of substitution.

levothyroxine sodium 200 microgram tablet, 2 x 100

12970P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	1	..	25.26	26.66	^a LEVOXINE [RA]

■ LEVOTHYROXINE

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 Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup or APO-Levothyroxine on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup and APO-Levothyroxine brands) and pharmaceutical benefits that have the form levothyroxine sodium 200 microgram tablet, 2 x 100 (Levoxine brand) are equivalent for the purposes of substitution.

levothyroxine sodium 200 microgram tablet, 200

2173J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	..	25.26	26.66	^a APO-Levothyroxine [XT] ^a Levothyroxine Lup [GQ] ^b Eltroxin [LT]	^a Eutroxsig [LN] ^b Levothox [AF]
			^B 1.31	26.57	26.66	^a Oroxine [AS]	

▪ LEVOTHYROXINE

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 Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup or APO-Levothyroxine on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup and APO-Levothyroxine brands) and pharmaceutical benefits that have the form levothyroxine sodium 50 microgram tablet, 2 x 100 (Levoxine brand) are equivalent for the purposes of substitution.

levothyroxine sodium 50 microgram tablet, 200

2174K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	..	23.09	24.49	^a APO-Levothyroxine [XT] ^a Levothyroxine Lup [GQ] ^b Eltroxin [LT]	^a Eutroxsig [LN] ^b Levothox [AF]
			^B 1.31	24.40	24.49	^a Oroxine [AS]	

▪ LEVOTHYROXINE

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 Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup or APO-Levothyroxine on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup and APO-Levothyroxine brands) and pharmaceutical benefits that have the form levothyroxine sodium 100 microgram tablet, 2 x 100 (Levoxine brand) are equivalent for the purposes of substitution.

levothyroxine sodium 100 microgram tablet, 200

2175L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	..	23.45	24.85	^a APO-Levothyroxine [XT] ^a Levothyroxine Lup [GQ] ^b Eltroxin [LT]	^a Eutroxsig [LN] ^b Levothox [AF]
			^B 1.31	24.76	24.85	^a Oroxine [AS]	

▪ LEVOTHYROXINE

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 Eltroxin and Levothox are not interchangeable with Oroxine, Eutroxsig, Levoxine, Levothyroxine Lup or APO-Levothyroxine on a dose to dose basis, and dose titration may be required.

Note Pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 200 (Eltroxin and Levothox brands) are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 200 (Eutroxsig, Oroxine, Levothyroxine Lup and APO-Levothyroxine brands) and pharmaceutical benefits that have the form levothyroxine sodium 75 microgram tablet, 2 x 100 (Levoxine brand) are equivalent for the purposes of substitution.

levothyroxine sodium 75 microgram tablet, 200

9287T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	1	..	23.26	24.66	^a APO-Levothyroxine [XT] ^a Levothyroxine Lup [GQ] ^b Eltroxin [LT]	^a Eutroxsig [LN] ^b Levothox [AF]
			^B 1.32	24.58	24.66	^a Oroxine [AS]	

■ LISINOPRIL

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

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

lisinopril 10 mg tablet, 30

13584Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a APO-Lisinopril [TX]	^a Fibsol 10 [RW]
						^a Lisinopril Sandoz [SZ]	^a Zinopril 10 [AL]
			^B 9.68	*30.19	21.91	^a Zestril [IX]	

lisinopril 20 mg tablet, 30

13402J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.15	22.55	^a APO-Lisinopril [TX]	^a Fibsol 20 [RW]
						^a Lisinopril generichealth [GQ]	^a Lisinopril Sandoz [SZ]
						^a Zinopril 20 [AL]	
			^B 9.66	*30.81	22.55	^a Zestril [IX]	

lisinopril 5 mg tablet, 30

13583X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.43	19.83	^a APO-Lisinopril [TX]	^a Fibsol 5 [RW]
						^a Lisinopril Sandoz [SZ]	^a Zinopril 5 [AL]
			^B 9.64	*28.07	19.83	^a Zestril [IX]	

■ MESALAZINE

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

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Restricted benefit

Crohn disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

mesalazine 1 g enteric tablet, 60

13394Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	5	..	*266.57	30.00	Salofalk [FD]

mesalazine 1 g modified release granules, 100 sachets

13355X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*204.37	30.00	Pentasa [FP]

mesalazine 2 g modified release granules, 60 sachets

13397D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*249.81	30.00	Pentasa [FP]

mesalazine 1 g modified release tablet, 60

13576M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	5	..	*265.25	30.00	Pentasa [FP]

mesalazine 250 mg enteric tablet, 100

13423L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*76.27	30.00	Mesasal [GO]

mesalazine 500 mg enteric tablet, 100

13362G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	5	..	*237.33	30.00	Salofalk [FD]

mesalazine 500 mg modified release tablet, 100

13396C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	5	..	*237.33	30.00	Pentasa [FP]

▪ 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

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

mesalazine 4 g modified release granules, 30 sachets

13456F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*249.81	30.00	Pentasa [FP]

mesalazine 3 g modified release granules, 30 sachets

13518L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*193.21	30.00	Salofalk [FD]

mesalazine 800 mg enteric tablet, 90

13422K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*145.85	30.00	Asacol [EU]

mesalazine 1 g modified release granules, 100 sachets

13398E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*222.37	30.00	Salofalk [FD]

mesalazine 1.6 g enteric tablet, 60

13395B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	4	..	*298.45	30.00	Asacol [EU]

mesalazine 1.5 g modified release granules, 60 sachets

13460K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*193.21	30.00	Salofalk [FD]

mesalazine 500 mg modified release granules, 100 sachets

13361F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	5	..	*237.33	30.00	Salofalk [FD]

▪ 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.

Note Pharmaceutical benefits that have form pack size mesalazine 1.2 g modified release tablet, 60 and mesalazine 1.2 g modified release tablet, 120 are equivalent for the purposes of substitution.

Restricted benefit

Ulcerative colitis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

mesalazine 1.2 g modified release tablet, 120

13356Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*338.23	30.00	^a MESALZ [RA]

mesalazine 1.2 g modified release tablet, 60

13487W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	..	*338.25	30.00	^a Mesalazine 1.2 TAKEDA [NQ]	^a Mezavant [TK]

▪ METOPROLOL SUCCINATE

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

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

METOPROLOL SUCCINATE Tablet 47.5 mg (controlled release), 30

13543T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*59.57	30.00	^a Metrol-XL 47.5 [RW] ^a Topreloc-XL [CR]	^a Minax XL [AF] ^a Toprol-XL 47.5 [AP]

METOPROLOL SUCCINATE Tablet 95 mg (controlled release), 30

13544W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*71.17	30.00	^a Metrol-XL 95 [RW] ^a Topreloc-XL [CR]	^a Minax XL [AF] ^a Toprol-XL 95 [AP]

METOPROLOL SUCCINATE Tablet 190 mg (controlled release), 30

13420H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*85.73	30.00	^a Metrol-XL 190 [RW] ^a Topreloc-XL [CR]	^a Minax XL [AF] ^a Toprol-XL 190 [AP]

■ **METOPROLOL TARTRATE**

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

METOPROLOL TARTRATE Tablet 100 mg, 60

13541Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.93	20.33	Mistrom [ZS] ^a APO-Metoprolol [TX] ^a Metrol 100 [RW] ^a NOUMED METOPROLOL [VO]	^a Metoprolol Sandoz [SZ] ^a Minax 100 [AF]
			^B 26.30	*45.23	20.33	^a Betaloc [AP]	

METOPROLOL TARTRATE Tablet 50 mg, 100

13598Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	Mistrom [ZS] ^a APO-Metoprolol [TX] ^a Metrol 50 [RW] ^a NOUMED METOPROLOL [VO]	^a Metoprolol Sandoz [SZ] ^a Minax 50 [AF]
			^B 26.30	*44.71	19.81	^a Betaloc [AP]	

■ **MOXONIDINE**

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be receiving concurrent antihypertensive therapy.

moxonidine 200 microgram tablet, 30

13579Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*23.87	25.27	^a APO-Moxonidine [TX] ^a Moxonidine GX [SZ] ^a Moxonidine Viatris [AL] ^a Physiotens [GO]	^a Moxonidine GH [GQ] ^a Moxonidine MYL [AF] ^a Moxotens [RF]

moxonidine 400 microgram tablet, 30

13552G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*31.53	30.00	^a APO-Moxonidine [TX] ^a Moxonidine GX [SZ] ^a Moxonidine Viatris [AL] ^a Physiotens [GO]	^a Moxonidine GH [GQ] ^a Moxonidine MYL [AF] ^a Moxotens [RF]

■ **NALOXONE**

Note Pharmaceutical Benefits that have the form naloxone 1.8 mg mg/actuation nasal spray, 2 x 1 actuation are equivalent for the purpose of substitution in case of a shortage.

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13617Q 	‡1	..	..	109.76	30.00	^a Nyxoid (UK) [QY]

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13621X 	‡1	..	..	109.76	30.00	^a Nyxoid (UK) [QY]

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
11816X 	‡1	..	..	49.93	30.00	^a Nyxoid [MF]

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
11817Y 	‡1	..	..	49.93	30.00	^a Nyxoid [MF]

■ NEBIVOLOL**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

Moderate to severe heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

nebivolol 1.25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
13568D 	4	5	..	*63.57	30.00	^a APO-Nebivolol [TX] ^a Nebivolol Lupin [GQ] ^a Nepiten [AF]	^a Nebilet [FK] ^a Nebivolol Sandoz [SZ]

nebivolol 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
13441K 	2	5	..	*84.37	30.00	^a APO-Nebivolol [TX] ^a Nebivolol Lupin [GQ] ^a Nepiten [AF]	^a Nebilet [FK] ^a Nebivolol Sandoz [SZ]

nebivolol 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
13510C 	2	5	..	*76.15	30.00	^a APO-Nebivolol [TX] ^a Nebivolol Lupin [GQ] ^a Nepiten [AF]	^a Nebilet [FK] ^a Nebivolol Sandoz [SZ]

■ NICORANDIL**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

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

nicorandil 10 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
13550E 	‡2	5	..	*33.45	30.00	^a APO-Nicorandil [TX] ^a Ikotab [AF]	^a Ikorel [SW]

nicorandil 20 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
13551F 	‡2	5	..	*41.49	30.00	^a APO-Nicorandil [TX] ^a Ikotab [AF]	^a Ikorel [SW]

■ NIFEDIPINE**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

nifedipine 30 mg modified release tablet, 30

13502P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*26.77	28.17	^a Addos XR 30 [RW]	^a APO-Nifedipine XR [TX]

nifedipine 60 mg modified release tablet, 30

13376B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*30.31	30.00	^a Addos XR 60 [RW]	^a APO-Nifedipine XR [TX]

■ OLMESARTAN**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

olmesartan medoxomil 20 mg tablet, 30

13505T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.23	22.63	^a APO-Olmesartan [TX] ^a OLMERTAN [RW] ^a Olmesartan Sandoz [SZ] ^a Pharmacor Olmesartan 20 [CR]	^a APX-Olmesartan [TY] ^a Olmesartan - MYL [AF] ^a Olsetan [MQ]
			^B 7.00	*28.23	22.63	^a Olmetec [AL]	

olmesartan medoxomil 40 mg tablet, 30

13533G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*27.93	29.33	^a APO-Olmesartan [TX] ^a OLMERTAN [RW] ^a Olmesartan Sandoz [SZ] ^a Pharmacor Olmesartan 40 [CR]	^a APX-Olmesartan [TY] ^a Olmesartan - MYL [AF] ^a Olsetan [MQ]
			^B 6.00	*33.93	29.33	^a Olmetec [AL]	

■ OLMESARTAN + AMLODIPINE**Restricted benefit**

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

olmesartan medoxomil 20 mg + amlodipine 5 mg tablet, 30

13449W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.77	22.17	^a OLMEKAR [RW] ^a Olmesartan/Amlodipine - MYL 20/5 [AF] ^a Sevikar 20/5 [AL]	^a Olmesartan/Amlodipine 20/5 APOTEX [TX] ^a Pharmacor Olmesartan Amlodipine 20/5 [CR]

■ OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE**Restricted benefit**

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

olmesartan medoxomil 20 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

13481M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*24.97	26.37	^a APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5 [TX] ^a Olmekar HCT 20/5/12.5 [RF]	^a Olamlo HCT 20/5/12.5 [AL]
			^B 6.00	*30.97	26.37	^a Sevikar HCT 20/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

13513F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*33.13	30.00	^a APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet [TX]	^a Olamlo HCT 40/5/12.5 [AL]
						^a Olmekar HCT 40/5/12.5 [RF]	
			^B 6.00	*39.13	30.00	^a Sevikar HCT 40/5/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 12.5 mg tablet, 30

13482N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*34.09	30.00	^a APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5 [TX]	^a Olamlo HCT 40/10/12.5 [AL]
						^a Olmekar HCT 40/10/12.5 [RF]	
			^B 5.90	*39.99	30.00	^a Sevikar HCT 40/10/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 25 mg tablet, 30

13512E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*36.27	30.00	^a APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet [TX]	^a Olamlo HCT 40/5/25 [AL]
						^a Olmekar HCT 40/5/25 [RF]	
			^B 6.00	*42.27	30.00	^a Sevikar HCT 40/5/25 [AF]	

■ OLMESARTAN + HYDROCHLOROTHIAZIDE**Restricted benefit**

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

13447R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.59	22.99	^a APO-Olmesartan/HCTZ 20/12.5 [TX]	^a APX-Olmesartan/HCTZ [TY]
						^a OLMERTAN COMBI 20/12.5 [RW]	^a Olmesartan HCT - MYL 20/12.5 [AF]
						^a Olmesartan/HCT Sandoz [SZ]	^a Pharmacor Olmesartan HCTZ 20/12.5 [CR]
			^B 2.78	*24.37	22.99	^a Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

13601W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*28.27	29.67	^a APO-Olmesartan/HCTZ 40/12.5 [TX]	^a APX-Olmesartan/HCTZ [TY]
						^a OLMERTAN COMBI 40/12.5 [RW]	^a Olmesartan HCT - MYL 40/12.5 [AF]
						^a Olmesartan/HCT Sandoz [SZ]	^a Pharmacor Olmesartan HCTZ 40/12.5 [CR]
			^B 8.42	*36.69	29.67	^a Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

13602X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*30.27	30.00	^a APO-Olmesartan/HCTZ 40/25 [TX]	^a APX-Olmesartan/HCTZ [TY]
						^a OLMERTAN COMBI 40/25 [RW]	^a Olmesartan HCT - MYL 40/25 [AF]
						^a Olmesartan/HCT Sandoz [SZ]	^a Pharmacor Olmesartan HCTZ 40/25 [CR]
			^B 5.90	*36.17	30.00	^a Olmetec Plus [AL]	

■ PANCREATIC EXTRACT**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

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pancreatic extract 35 000 units modified release capsule, 100

13407P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	10	..	*314.77	30.00	Creon 35,000 [GO]

pancreatic extract 10 000 units modified release capsule, 100

13560Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	10	10	..	*282.87	30.00	Creon 10,000 [GO]

pancreatic extract 25 000 units modified release capsule, 100

13470Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	10	..	*227.13	30.00	Creon 25,000 [GO]

pancreatic extract 5000 units/100 mg enteric coated granules, 20 g

13375Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	6	10	..	*217.89	30.00	Creon Micro [GO]

■ PATIROMER**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 Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14327

Chronic hyperkalaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be in place of emergency treatment of hyperkalaemia, **AND**
- Patient must be undergoing treatment with a renin angiotensin aldosterone system inhibitor.

Treatment criteria:

- Patient must not be undergoing dialysis.

patiromer 8.4 g powder for oral liquid, 30 sachets

13609G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	375.91	30.00	Veltassa [CS]

patiromer 16.8 g powder for oral liquid, 30 sachets

13613L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	375.91	30.00	Veltassa [CS]

■ PATIROMER

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 Special Pricing Arrangements apply.

Authority required

Chronic hyperkalaemia

Treatment Phase: Initial PBS-subsidised treatment (including grandfathered patients)

Population criteria:

- Patient must have stage 3 to stage 4 chronic kidney disease.

Clinical criteria:

- The condition must be inadequately controlled by a low potassium diet., **AND**
- Patient must have experienced at least 2 episodes of hyperkalaemia (defined as serum potassium levels of at least 6.0 mmol/L) within the 12 months prior to commencing this drug, **AND**
- The treatment must not be in place of emergency treatment of hyperkalaemia, **AND**
- Patient must be undergoing treatment with a renin angiotensin aldosterone system inhibitor; OR
- Patient must be indicated for treatment with a renin angiotensin aldosterone system inhibitor, but unable to tolerate this due to prior occurrence of hyperkalaemia.

Treatment criteria:

- Must be treated by a specialist medical practitioner with experience in the diagnosis and management of chronic kidney disease.

patiromer 8.4 g powder for oral liquid, 30 sachets

13610H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	375.91	30.00	Veltassa [CS]

patiromer 16.8 g powder for oral liquid, 30 sachets

13620W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	375.91	30.00	Veltassa [CS]

■ PENICILLAMINE

Caution Regular blood and urine checks are essential.

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

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

penicillamine 125 mg tablet, 100

13458H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	1	..	*114.99	30.00	D-Penamine [AL]

penicillamine 250 mg tablet, 100

13425N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	1	..	*142.41	30.00	D-Penamine [AL]

■ PERINDOPRIL

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

Note Pharmaceutical benefits that have the form perindopril erbumine 4 mg tablet and pharmaceutical benefits that have the form perindopril arginine 5 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril arginine 5 mg tablet, 30

13585B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.79	21.19	^a APO-Perindopril Arginine [TX]	^a APX-Perindopril Arginine [XT]
						^a PREXUM 5 [RX]	
			^B 18.90	*38.69	21.19	^a Coversyl 5mg [SE]	

perindopril erbumine 4 mg tablet, 30

13371R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*19.79	21.19	^a APO-Perindopril [TX]	^a Blooms the Chemist Perindopril [IB]
						^a BTC Perindopril [JB]	^a Idaprex 4 [SZ]
						^a Indosyl Mono 4 [RW]	^a Perindo [AF]
						^a Perindopril generichealth [GQ]	^a PERISYL [AL]

■ PERINDOPRIL

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

Note Pharmaceutical benefits that have the form perindopril erbumine 8 mg tablet and pharmaceutical benefits that have the form perindopril arginine 10 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril arginine 10 mg tablet, 30

13555K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.75	23.15	^a APO-Perindopril Arginine [TX]	^a APX-Perindopril Arginine [XT]
						^a PREXUM 10 [RX]	
			^B 19.84	*41.59	23.15	^a Coversyl 10mg [SE]	

perindopril erbumine 8 mg tablet, 30

13372T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.75	23.15	^a APO-Perindopril [TX]	^a Blooms the Chemist Perindopril [IB]
						^a BTC Perindopril [JB]	^a Idaprex 8 [SZ]
						^a Indosyl Mono 8 [RW]	^a Perindo [AF]
						^a Perindopril generichealth [GQ]	^a PERISYL [AL]

■ PERINDOPRIL

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

Note Pharmaceutical benefits that have the form perindopril erbumine 2 mg tablet and pharmaceutical benefits that have the form perindopril arginine 2.5 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril arginine 2.5 mg tablet, 30

13494F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Perindopril Arginine [TX] ^a PREXUM 2.5 [RX]	^a APX-Perindopril Arginine [XT]
			^B 19.48	*37.89	19.81	^a Coversyl 2.5mg [SE]	

perindopril erbumine 2 mg tablet, 30

13404L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Perindopril [TX] ^a BTC Perindopril [JB] ^a Indosyl Mono 2 [RW] ^a PERISYL [AL]	^a Blooms the Chemist Perindopril [IB] ^a Idaprex 2 [SZ] ^a Perindo [AF]

■ PERINDOPRIL + AMLODIPINE

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

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

Restricted benefit

Stable coronary heart disease

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of therapy for coronary heart disease, **AND**
- The condition must be stabilised by treatment with perindopril and amlodipine at the same doses.

perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

13382H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*24.91	26.31	^a APO-Perindopril Arginine/Amlodipine 10/10 [TX] ^a Reaptan 10/10 [RX]	^a APX-Perindopril Arginine/Amlodipine 10/10 [XT]
			^B 19.70	*44.61	26.31	^a Coveram 10/10 [SE]	

perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

13478J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*23.53	24.93	^a APO-Perindopril Arginine/Amlodipine 10/5 [TX] ^a Reaptan 10/5 [RX]	^a APX-Perindopril Arginine/Amlodipine 10/5 [XT]
			^B 19.08	*42.61	24.93	^a Coveram 10/5 [SE]	

perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

13381G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.87	23.27	^a APO-Perindopril Arginine/Amlodipine 5/10 [TX] ^a Reaptan 5/10 [RX]	^a APX-Perindopril Arginine/Amlodipine 5/10 [XT]
			^B 18.78	*40.65	23.27	^a Coveram 5/10 [SE]	

perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

13508Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a APO-Perindopril Arginine/Amlodipine 5/5 [TX] ^a Reaptan 5/5 [RX]	^a APX-Perindopril Arginine/Amlodipine 5/5 [XT]
			^B 18.16	*38.67	21.91	^a Coveram 5/5 [SE]	

■ PERINDOPRIL + INDAPAMIDE

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

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

perindopril arginine 2.5 mg + indapamide hemihydrate 625 microgram tablet, 30

13413Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a PREXUM Combi LD 2.5/0.625 [RX]
			^B 15.72	*34.13	19.81	^a Coversyl Plus LD 2.5mg/0.625mg [SE]

■ PERINDOPRIL + INDAPAMIDE

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

Note Pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate) and pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 5 mg perindopril arginine-1.25 mg indapamide hemihydrate) are equivalent for the purposes of substitution.

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a thiazide-like diuretic.

perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

13476G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a APO-Perindopril/Indapamide [TX]	^a GenRx Perindopril/Indapamide 4/1.25 [GX]
						^a Idaprex Combi 4/1.25 [SZ]	^a Indosyl Combi 4/1.25 [RW]
						^a Perindo Combi 4/1.25 [AF]	^a PERISYL COMBI 4/1.25 [AL]

perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30

13506W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a Prexum Combi 5/1.25 [RX]
			^B 14.28	*34.79	21.91	^a Coversyl Plus 5mg/1.25mg [SE]

■ POTASSIUM CHLORIDE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

potassium chloride 600 mg (potassium 8 mmol) modified release tablet, 200

13357B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	1	..	*36.65	30.00	Span-K [AS]

■ POTASSIUM CHLORIDE + POTASSIUM BICARBONATE + POTASSIUM CARBONATE

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

potassium chloride 595 mg + potassium bicarbonate 384 mg + potassium carbonate 152 mg (total potassium 14 mmol) effervescent tablet, 60

13486T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	1	..	*37.71	30.00	Chlorvescent [AS]

■ PRAVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

pravastatin sodium 10 mg tablet, 30

13496H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Pravastatin [TX]	^a APX-Pravastatin [TY]
						^a Lipostat 10 [RF]	^a Pravastatin Sandoz [SZ]

			^B 5.86	*24.27	19.81	^a Cholstat 10 [AF]	
			^B 9.90	*28.31	19.81	^a Pravachol [RW]	
pravastatin sodium 20 mg tablet, 30							
13497J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*18.95	20.35	^a APO-Pravastatin [TX] ^a Cholstat 20 [AF] ^a Pravastatin Sandoz [SZ]	^a APX-Pravastatin [TY] ^a Lipostat 20 [RF]
			^B 9.96	*28.91	20.35	^a Pravachol [RW]	
pravastatin sodium 40 mg tablet, 30							
13432Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*20.59	21.99	^a APO-Pravastatin [TX] ^a Cholstat 40 [AF] ^a Pravastatin Sandoz [SZ]	^a APX-Pravastatin [TY] ^a Lipostat 40 [RF]
			^B 9.96	*30.55	21.99	^a Pravachol [RW]	
pravastatin sodium 80 mg tablet, 30							
13527Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*24.67	26.07	^a APO-Pravastatin [TX] ^a Lipostat 80 [RF]	^a APX-Pravastatin [TY]
			^B 10.30	*34.97	26.07	^a Pravachol [RW]	
■ PRAZOSIN							
<u>Restricted benefit</u>							
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.							
prazosin 1 mg tablet, 100							
13553H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*21.25	22.65	^a APO-Prazosin [TX]	^a Minipress [PF]
prazosin 2 mg tablet, 100							
13400G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*24.75	26.15	^a APO-Prazosin [TX]	^a Minipress [PF]
prazosin 5 mg tablet, 100							
13367M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*34.11	30.00	^a APO-Prazosin [TX]	^a Minipress [PF]
■ PROPRANOLOL							
<u>Restricted benefit</u>							
The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.							
propranolol hydrochloride 10 mg tablet, 100							
13386M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	
	2	5	..	*19.57	20.97	^a APO-Propranolol [TX]	
			^B 5.98	*25.55	20.97	^a Deralin 10 [AF]	
			^B 16.96	*36.53	20.97	^a Inderal [IX]	
propranolol hydrochloride 40 mg tablet, 100							
13542R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	
	2	5	..	*20.11	21.51	^a APO-Propranolol [TX]	
			^B 5.98	*26.09	21.51	^a Deralin 40 [AF]	
			^B 16.96	*37.07	21.51	^a Inderal [IX]	
■ RALOXIFENE							
Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.							
<u>Authority required (STREAMLINED)</u>							
14274							
Established post-menopausal osteoporosis							
Clinical criteria:							
- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, AND - Patient must have fracture due to minimal trauma, AND - Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.							

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

raloxifene hydrochloride 60 mg tablet, 28

13426P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*46.67	30.00	^a APO-Raloxifene [TX] ^a RALOVISTA [RF]	^a Fixta 60 [ZS] ^a Raloxifene GH [GQ]
			^B 8.18	*54.85	30.00	^a Evista [LY]	

■ RAMIPRIL

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

Note Pharmaceutical benefits that have the form ramipril 10 mg tablet and pharmaceutical benefits that have the form ramipril 10 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ramipril 10 mg capsule, 30

13430W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a APO-Ramipril [TX] ^a Prilace [RF] ^a Ramipril Winthrop [WA] ^a Tryzan Caps 10 [AF]	^a APX-Ramipril [TY] ^a Ramipril Sandoz [SZ] ^a Tritace 10 mg [SW]

ramipril 10 mg tablet, 30

13368N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a APO-Ramipril [TX] ^a Tritace [SW]	^a Ramipril Sandoz [SZ] ^a Tryzan Tabs 10 [AF]

■ RAMIPRIL

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

Note Pharmaceutical benefits that have the form ramipril 2.5 mg tablet and pharmaceutical benefits that have the form ramipril 2.5 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ramipril 2.5 mg capsule, 30

13405M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Ramipril [TX]	^a Tryzan Caps 2.5 [AF]

ramipril 2.5 mg tablet, 30

13466R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Ramipril [TX] ^a Ramipril Sandoz [SZ] ^a Tritace 2.5 mg [SW]	^a Prilace [RF] ^a Ramipril Winthrop [WA] ^a Tryzan Tabs 2.5 [AF]

■ RAMIPRIL

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

Note Pharmaceutical benefits that have the form ramipril 1.25 mg tablet and pharmaceutical benefits that have the form ramipril 1.25 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ramipril 1.25 mg capsule, 30

13431X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Ramipril [TX]	^a Tryzan Caps 1.25 [AF]

ramipril 1.25 mg tablet, 30

13582W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Prilace [RF] ^a Ramipril Winthrop [WA] ^a Tryzan Tabs 1.25 [AF]	^a Ramipril Sandoz [SZ] ^a Tritace 1.25 mg [SW]

■ RAMIPRIL

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

Note Pharmaceutical benefits that have the form ramipril 5 mg tablet and pharmaceutical benefits that have the form ramipril 5 mg capsule are equivalent for the purposes of substitution.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

ramipril 5 mg capsule, 30

13556L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Ramipril [TX]	^a Tryzan Caps 5 [AF]

ramipril 5 mg tablet, 30

13526X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Ramipril [TX] ^a Ramipril Sandoz [SZ] ^a Tritace 5 mg [SW]	^a Prilace [RF] ^a Ramipril Winthrop [WA] ^a Tryzan Tabs 5 [AF]

■ RAMIPRIL + FELODIPINE

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

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

ramipril 2.5 mg + felodipine 2.5 mg modified release tablet, 30

13563W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*21.59	22.99	Triasyn 2.5/2.5 [SW]

ramipril 5 mg + felodipine 5 mg modified release tablet, 30

13534H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*24.79	26.19	Triasyn 5.0/5.0 [SW]

■ RISEDRONATE

Restricted benefit

Corticosteroid-induced osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Established osteoporosis

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition. The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

risedronate sodium 35 mg enteric tablet, 4

13364J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*61.01	30.00	Actonel EC [TT]

risedronate sodium 5 mg tablet, 28

13360E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*61.01	30.00	Actonel [TT]

risedronate sodium 150 mg tablet, 1

13488X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*65.05	30.00	^a Actonel Once-a-Month [TT]	^a APO-Risedronate [TX]

risedronate sodium 35 mg tablet, 4

13459J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*61.01	30.00	^a APO-Risedronate [TX]	^a Risedronate Sandoz [SZ]

▪ **RIVAROXABAN**

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.

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

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

Authority required (STREAMLINED)

14301

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism. Risk factors for developing stroke or systemic ischaemic embolism are:
 - (i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
 - (ii) age 75 years or older;
 - (iii) hypertension;
 - (iv) diabetes mellitus;
 - (v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 15 mg tablet, 28

13463N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*111.45	30.00	Xarelto [BN]

▪ **RIVAROXABAN**

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.

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

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

Authority required (STREAMLINED)

14300

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a history of venous thromboembolism.

rivaroxaban 10 mg tablet, 30

13521P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*120.07	30.00	Xarelto [BN]

■ RIVAROXABAN**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.

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 Treatment may be continued by a non-specialist prescriber without need for consultation with a specialist.

Authority required (STREAMLINED)**14298**

Chronic stable atherosclerotic disease

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with aspirin, but not with any other anti-platelet therapy.

rivaroxaban 2.5 mg tablet, 60

13366L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*107.25	30.00	Xarelto [BN]

■ RIVAROXABAN**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.

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

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

Authority required (STREAMLINED)**14264**

Deep vein thrombosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)**14300**

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have a history of venous thromboembolism.

Authority required (STREAMLINED)**14318**

Pulmonary embolism

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must have confirmed acute symptomatic pulmonary embolism.

Authority required (STREAMLINED)**14301**

Prevention of stroke or systemic embolism

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
 - Patient must have non-valvular atrial fibrillation, **AND**
 - Patient must have one or more risk factors for developing stroke or systemic embolism.
- Risk factors for developing stroke or systemic ischaemic embolism are:
- (i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
 - (ii) age 75 years or older;
 - (iii) hypertension;
 - (iv) diabetes mellitus;
 - (v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 20 mg tablet, 28

13462M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*110.23	30.00	Xarelto [BN]

▪ ROSUVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

rosuvastatin 10 mg tablet, 30

13586C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a APX-Rosuvastatin [TY] ^a Blooms the Chemist Rosuvastatin [IB] ^a Crosuva 10 [RW] ^a Pharmacor Rosuvastatin 10 [CR] ^a Rosuvastatin Lupin [GQ] ^a Rosuvastatin Sandoz [SZ]	^a Blooms Rosuvastatin [BG] ^a Cavstat [AF] ^a Noumed Rosuvastatin [VO] ^a Rosuvastatin APOTEX [GX] ^a Rosuvastatin RBX [RA]
			^B 7.26	*27.77	21.91	^a Crestor [FK]	

rosuvastatin 20 mg tablet, 30

13588E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.63	22.03	^a APX-Rosuvastatin [TY] ^a Blooms the Chemist Rosuvastatin [IB] ^a Crosuva 20 [RW] ^a Pharmacor Rosuvastatin 20 [CR] ^a Rosuvastatin Lupin [GQ] ^a Rosuvastatin Sandoz [SZ]	^a Blooms Rosuvastatin [BG] ^a Cavstat [AF] ^a Noumed Rosuvastatin [VO] ^a Rosuvastatin APOTEX [GX] ^a Rosuvastatin RBX [RA]
			^B 7.18	*27.81	22.03	^a Crestor [FK]	

rosuvastatin 40 mg tablet, 30

13589F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*23.87	25.27	^a APX-Rosuvastatin [TY] ^a Blooms the Chemist Rosuvastatin [IB] ^a Crosuva 40 [RW] ^a Pharmacor Rosuvastatin 40 [CR] ^a Rosuvastatin Lupin [GQ] ^a Rosuvastatin Sandoz [SZ]	^a Blooms Rosuvastatin [BG] ^a Cavstat [AF] ^a Noumed Rosuvastatin [VO] ^a Rosuvastatin APOTEX [GX] ^a Rosuvastatin RBX [RA]
			^B 8.82	*32.69	25.27	^a Crestor [FK]	

rosuvastatin 5 mg tablet, 30

13406N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APX-Rosuvastatin [TY] ^a Blooms the Chemist Rosuvastatin [IB] ^a Crosuva 5 [RW] ^a Pharmacor Rosuvastatin 5 [CR] ^a Rosuvastatin Lupin [GQ] ^a Rosuvastatin Sandoz [SZ]	^a Blooms Rosuvastatin [BG] ^a Cavstat [AF] ^a Noumed Rosuvastatin [VO] ^a Rosuvastatin APOTEX [GX] ^a Rosuvastatin RBX [RA]
			^B 7.40	*25.81	19.81	^a Crestor [FK]	

▪ SACUBITRIL + VALSARTAN

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 Continuing therapy by a nurse practitioner may include dose titrations/changes, but only after therapy was initiated by a medical practitioner.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14254

Chronic heart failure

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, (iii) local treatment guidelines recommend initiation of this drug product prior to a beta-blocker, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**
- The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist.

sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56

13570F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*376.21	30.00	Entresto [NV]

sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56

13511D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*376.21	30.00	Entresto [NV]

sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56

13445P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*376.21	30.00	Entresto [NV]

■ SIMVASTATIN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

simvastatin 10 mg tablet, 30

13528B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Simvastatin [TX] ^a Simvar 10 [RW] ^a Zimstat [AF]	^a NOUMED SIMVASTATIN [VO] ^a Simvastatin Sandoz [SZ]

simvastatin 20 mg tablet, 30

13373W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Simvastatin [TX] ^a Simvar 20 [RW] ^a Zimstat [AF]	^a NOUMED SIMVASTATIN [VO] ^a Simvastatin Sandoz [SZ]
			^B 18.56	*36.97	19.81	^a Lipex 20 [AL]	^a Zocor [MQ]

simvastatin 40 mg tablet, 30

13471B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.75	20.15	^a APO-Simvastatin [TX] ^a Simvar 40 [RW] ^a Zimstat [AF]	^a NOUMED SIMVASTATIN [VO] ^a Simvastatin Sandoz [SZ]
			^B 18.48	*37.23	20.15	^a Lipex 40 [AL]	^a Zocor [MQ]

simvastatin 5 mg tablet, 30

13559P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Simvastatin Sandoz [SZ]	^a Zimstat [AF]

simvastatin 80 mg tablet, 30

13498K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a APO-Simvastatin [TX] ^a Simvastatin Sandoz [SZ]	^a Simvar 80 [RW] ^a Zimstat [AF]

■ SPIRONOLACTONE

Caution Serum electrolytes should be checked regularly

Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

spironolactone 25 mg tablet, 100

13503Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a Spironolactone Viatris 25 [AL]
			^B 9.30	*29.81	21.91	^a Spiractin 25 [AF]
			^B 15.30	*35.81	21.91	^a Aldactone [PF]

■ SULFASALAZINE

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

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

sulfasalazine 500 mg tablet, 100

13557M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	5	..	*91.73	30.00	Salazopyrin [PF]

sulfasalazine 500 mg enteric tablet, 100

13433B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	5	..	*99.69	30.00	^a Pyralin EN [FZ]
			^B 8.00	*107.69	30.00	^a Salazopyrin-EN [PF]

■ TELMISARTAN

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

telmisartan 40 mg tablet, 28

13437F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a APO-Telmisartan [TX]	^a Mizart [AF]
						^a NOUMED TELMISARTAN [VO]	^a Pharmacor Telmisartan 40 [CR]
						^a Telmisartan-DRLA [RZ]	^a Telmisartan Sandoz [SZ]
						^a Teltartan [RW]	
						^B 11.16	^a Micardis [BY]

telmisartan 80 mg tablet, 28

13593K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.59	22.99	^a APO-Telmisartan [TX]	^a Mizart [AF]
						^a NOUMED TELMISARTAN [VO]	^a Pharmacor Telmisartan 80 [CR]
						^a Telmisartan-DRLA [RZ]	^a Telmisartan Sandoz [SZ]
						^a Teltartan [RW]	
						^B 8.96	^a Micardis [BY]

■ TELMISARTAN + AMLODIPINE

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

telmisartan 40 mg + amlodipine 10 mg tablet, 28

13515H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*20.51	21.91	^a Pritor/Amlodipine [FI]
			^B 10.98	*31.49	21.91	^a Twynsta [BY]

telmisartan 40 mg + amlodipine 5 mg tablet, 28

13483P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*19.27	20.67	^a Pritor/Amlodipine [FI]
			^B 11.06	*30.33	20.67	^a Twynsta [BY]

telmisartan 80 mg + amlodipine 10 mg tablet, 28

13451Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*26.21	27.61	^a Pritor/Amlodipine [FI]
			^B 10.60	*36.81	27.61	^a Twynsta [BY]

telmisartan 80 mg + amlodipine 5 mg tablet, 28

13450X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*24.93	26.33	^a Pritor/Amlodipine [FI]
			^B 10.60	*35.53	26.33	^a Twynsta [BY]

■ TELMISARTAN + HYDROCHLOROTHIAZIDE**Restricted benefit**

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28

13546Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.65	20.05	^a APO-Telmisartan HCTZ 40/12.5 [TX]	^a Mizart HCT 40/12.5 mg [AF]
						^a Telmisartan/HCT Sandoz [SZ]	^a Teltartan HCT 40/12.5 [RW]
						^a Micardis Plus 40/12.5 mg [BY]	
			^B 11.08	*29.73	20.05		

telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

13574K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*21.59	22.99	^a APO-Telmisartan HCTZ 80/12.5 [TX]	^a Mizart HCT 80/12.5 mg [AF]
						^a Telmisartan/HCT Sandoz [SZ]	^a Teltartan HCT 80/12.5 [RW]
						^a Micardis Plus 80/12.5 mg [BY]	
			^B 8.02	*29.61	22.99		

telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

13607E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.25	23.65	^a APO-Telmisartan HCTZ 80/25 [TX]	^a Mizart HCT 80/25 mg [AF]
						^a Telmisartan HCT GH 80/25 [GQ]	^a Telmisartan/HCT Sandoz [SZ]
						^a Teltartan HCT 80/25 [RW]	
						^a Micardis Plus 80/25 mg [BY]	
			^B 7.94	*30.19	23.65		

■ THIAMINE**Authority required (STREAMLINED)****14319**

Thiamine deficiency

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be for prophylaxis.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

thiamine hydrochloride 100 mg tablet, 100

13354W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	2	..	*20.77	22.17	Betavit [PP]

■ TICAGRELOR**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.

Authority required (STREAMLINED)**14240**

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must be in combination with aspirin.

ticagrelor 90 mg tablet, 56

13524T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*253.63	30.00	Brilinta [AP]

■ TOFACITINIB**Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS**

The following information applies to Pharmaceutical Benefits Scheme (PBS) benefits listed for adult patients with the indication of ankylosing spondylitis (AS). Where the term 'biological medicine' appears in notes and restrictions, it refers to any PBS benefit where the PBS indication specifies: Ankylosing spondylitis. Some benefits are not biological medicines, but are small molecules. However, for administrative purposes, these benefits are included within the term 'biological medicine'. Treatment cycles:

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Where treatment has resulted in an inadequate response on 3 occasions a treatment cycle is considered to have been completed and there must be a 5-year break in PBS subsidy from all medicines with the PBS indication: 'Ankylosing spondylitis' before starting a new treatment cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Where treatment has resulted in an inadequate response on fewer than 3 occasions in a treatment cycle and where a break in therapy of less than 5 years has occurred, a further course of treatment may be commenced within the same treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Prescribing under the correct 'Treatment phase' listing for the authority application:

(1) Initial treatment.

Apply under the 'Initial 1' treatment listing where the patient has never received a biological medicine for ankylosing spondylitis.

(2) Grandfather patients (tofacitinib only).

A patient who commenced treatment with tofacitinib for ankylosing spondylitis prior to 1 August 2023 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(3) Continuing treatment.

Apply under the 'Continuing treatment' listing where the patient is experiencing an adequate response as defined in the restriction where there has been no change in prescribed biological medicine. Under no circumstance is continuing treatment to proceed initial treatment. An authority application for continuing treatment is not to be made on the same day as initial treatment.

(4) Changing therapy.

Apply under the 'Initial 2' treatment listing. The indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements will not need to be restated. A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot change to a particular biological medicine if it has failed to provide the patient with an adequate response within the same treatment cycle. A response assessment to the preceding supply of biological medicine must accompany this initial 2 treatment authority application.

(5) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine. To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

Apply under the 'Initial 3' treatment listing. Prior NSAID and exercise therapies need not be re-trialled.

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

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

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

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

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application Form.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 August 2023, **AND**
- Patient must have had at least 2 of the following prior to commencing non-PBS-subsidised treatment: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and

lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**

- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months prior to commencing non-PBS-subsidised treatment, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be at least 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

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

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

The following criteria indicate failure to achieve an adequate response to NSAIDs and must have been demonstrated prior to initiation of non-PBS subsidised treatment with this biological medicine for this condition:

- (a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and
- (b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must have been determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. If the above requirement to demonstrate an elevated ESR or CRP could not be met, the application must state the reason this criterion could not be satisfied.

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

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application Form which includes the following:
 - (i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
 - (ii) a baseline BASDAI score; and
 - (iii) a completed Exercise Program Self Certification Form included in the supporting information form; and
 - (iv) baseline ESR and/or CRP level

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

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

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

tofacitinib 5 mg tablet, 56

13345J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	1211.93	30.00	Xeljanz [PF]

■ TRANDOLAPRIL

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

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

trandolapril 1 mg capsule, 28

13429T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*20.93	22.33	^a Dolapril 1 [RW]	^a Tranalpha [AF]
			^B 7.00	*27.93	22.33	^a Gopten [GO]	

trandolapril 2 mg capsule, 28

13403K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.55	23.95	^a Dolapril 2 [RW]	^a Tranalpha [AF]
			^B 7.00	*29.55	23.95	^a Gopten [GO]	

trandolapril 4 mg capsule, 28

13467T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*30.97	30.00	^a Dolapril 4 [RW]	^a Tranalpha [AF]
			^B 6.98	*37.95	30.00	^a Gopten [GO]	

trandolapril 500 microgram capsule, 28

13554J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.41	19.81	^a Dolapril 0.5 [RW]	^a Tranalpha [AF]
			^B 6.96	*25.37	19.81	^a Gopten [GO]	

■ TRANDOLAPRIL + VERAPAMIL

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

The myocardial depressant effects of verapamil hydrochloride and of beta-blocking drugs are additive.

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with verapamil.

trandolapril 2 mg + verapamil hydrochloride 180 mg modified release tablet, 28

13594L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*33.83	30.00	Tarka 2/180 [GO]

trandolapril 4 mg + verapamil hydrochloride 240 mg modified release tablet, 28

13591H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*45.97	30.00	Tarka 4/240 [GO]

■ VALSARTAN**Restricted benefit**

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

valsartan 160 mg tablet, 28

13566B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*29.05	30.00	^a Dilart [AF]	^a Diovan [NV]

valsartan 80 mg tablet, 28

13414B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*25.51	26.91	^a Dilart [AF]	^a Diovan [NV]

■ VALSARTAN

Note No applications for increased maximum quantities and/or repeats will be authorised for the 320 mg tablet.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

valsartan 320 mg tablet, 28

13383J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*33.59	30.00	^a Dilart [AF]	^a Diovan [NV]

■ VALSARTAN + HYDROCHLOROTHIAZIDE**Restricted benefit**

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

13606D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*29.49	30.00	^a Co-Diovan 160/12.5 [NV]	^a Dilart HCT 160/12.5 [AF]

valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

13453C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*31.69	30.00	^a Co-Diovan 160/25 [NV]	^a Dilart HCT 160/25 [AF]

valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

13393X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*26.33	27.73	^a Co-Diovan 80/12.5 [NV]	^a Dilart HCT 80/12.5 [AF]

■ VALSARTAN + HYDROCHLOROTHIAZIDE

Note No applications for increased maximum quantities and/or repeats will be authorised for the tablets containing 320 mg valsartan.

Restricted benefit

Hypertension

Clinical criteria:

- The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient, **AND**
- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

valsartan 320 mg + hydrochlorothiazide 12.5 mg tablet, 28

13517K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*33.53	30.00	^a Co-Diovan 320/12.5 [NV]	^a Dilart HCT 320/12.5 [AF]

valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

13455E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*35.71	30.00	^a Co-Diovan 320/25 [NV]	^a Dilart HCT 320/25 [AF]

■ VENETOCLAX

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 6 cycles, followed by monotherapy, **AND**
- The treatment must be ceased on disease progression or on completion of 24 months of PBS-subsidised treatment under this restriction with this drug for this condition, whichever comes first.

venetoclax 100 mg tablet, 120

11639N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	7785.15	30.00	Venclexta [VE]

▪ VENETOCLAX

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Dose modification

Clinical criteria:

- The treatment must be for dose titration purposes.

venetoclax 10 mg tablet, 2

12999E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	7	..	..	*108.68	30.00	Venclexta [VE]

venetoclax 50 mg tablet, 7

11648C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	255.66	30.00	Venclexta [VE]

▪ VENETOCLAX

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment prescription (treatment cycles 7 to 12 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must cease upon disease progression; OR
- The treatment must cease upon completion of 12 cycles of treatment with this drug for this condition, whichever comes first.

venetoclax 100 mg tablet, 120

12199C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	7785.15	30.00	Venclexta [VE]

▪ VENETOCLAX

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 2 to 6 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses), **AND**
- The treatment must cease upon disease progression.

venetoclax 100 mg tablet, 120

12205J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	4	..	7785.15	30.00	Venclexta [VE]

▪ VENETOCLAX

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL.

Notably, two of these are:

- (1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
- (2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Dose titration occurring at the start of treatment for relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition.

Treatment criteria:

- Patient must not be undergoing retreatment with this drug where prior, active treatment of CLL/SLL with this same drug was unable to prevent disease progression.

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

11630D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	±1	..	..	1792.40	30.00	Venclexta [VE]

▪ **VENETOCLAX**

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

- (1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
- (2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy - Dose titration (weeks 1 to 4 of a 5-week ramp-up schedule)

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses).

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

12188L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	±1	..	..	1792.40	30.00	Venclexta [VE]

▪ **VERAPAMIL**

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

Restricted benefit

The condition must be stable for the prescriber to consider the listed maximum quantity of this medicine suitable for this patient.

verapamil hydrochloride 180 mg modified release tablet, 30

13434C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*23.67	25.07	^a Cordilox 180 SR [GT]
			^B 7.08	*30.75	25.07	^a Isoptin 180 SR [GO]

verapamil hydrochloride 240 mg modified release tablet, 30

13408Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*27.25	28.65	^a Cordilox SR [GT]
			^B 7.00	*34.25	28.65	^a Isoptin SR [GO]

verapamil hydrochloride 80 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*26.23	27.63	^a Anpec 80 [AF]

■ ZANUBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

- (1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
- (2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Treatment of relapsed/refractory disease

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must not be undergoing retreatment with this drug where prior, active treatment of CLL/SLL with this same drug was unable to prevent disease progression, **AND**
- Patient must be undergoing treatment through this treatment phase listing for the first time; OR
- Patient must be undergoing treatment through this treatment phase listing on a subsequent occasion, with disease progression being absent.

zanubrutinib 80 mg capsule, 120

13616P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	8795.42	30.00	Brukina [IE]

■ ZANUBRUTINIB

Note The latest International Workshop on CLL (iwCLL) provides guidance on various aspects of management of CLL/SLL. Notably, two of these are:

- (1) when to treat versus when to monitor the patient without therapy - see 'Indications for treatment' section; and
- (2) recognising progressive disease - see 'Definition of response, relapse, and refractory disease' section.

See the following literature reference for details:

Hallek, M et al. iwCLL guidelines for diagnosis, indications for treatment, response assessment, and supportive management of CLL. **Blood** vol. 131, 25 (2018): 2745-2760.

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

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

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First line drug treatment of this indication

Clinical criteria:

- The condition must be untreated with drug treatment at the time of the first dose of this drug; OR
- Patient must have developed an intolerance of a severity necessitating permanent treatment withdrawal following use of another drug PBS indicated as first-line drug treatment of CLL/SLL, **AND**
- The treatment must only be prescribed for a patient with active disease in accordance with the International Workshop on CLL (iwCLL) guidance (latest version) in relation to when to prescribe drug treatment for this condition, **AND**
- The treatment must be the sole PBS-subsidised systemic anti-cancer therapy for this PBS indication.

Treatment criteria:

- Patient must be undergoing initial treatment with this drug - this is the first prescription for this drug; OR
- Patient must be undergoing continuing treatment with this drug - the condition has not progressed whilst the patient has actively been on this drug.

zanubrutinib 80 mg capsule, 120

13628G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	8795.42	30.00	Brukina [IE]

Highly Specialised Drugs Program (Private Hospital)

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Acute Myeloid Leukaemia

Clinical criteria:

- The treatment must be used in combination with venetoclax (refer to Product Information for timing of azacitidine and venetoclax doses).

azacitidine 100 mg injection, 1 vial

12784W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	2	..	*879.45	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
 - Patient must not have progressive disease.
- Up to 6 cycles will be authorised.

azacitidine 100 mg injection, 1 vial

13033Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	5	..	*879.45	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be acute myeloid leukaemia confirmed through a bone marrow biopsy report and full blood examination, **AND**
- The condition must have 20% to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification.

The following reports must be documented in the patient's medical records:

- (a) bone marrow biopsy report demonstrating that the patient has acute myeloid leukaemia; and
(b) full blood examination report.

azacitidine 100 mg injection, 1 vial

13038F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	2	..	*879.45	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Myelodysplastic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be myelodysplastic syndrome confirmed through a bone marrow biopsy report and full blood examination, **AND**
 - The condition must be classified as Intermediate-2 according to the International Prognostic Scoring System (IPSS); OR
 - The condition must be classified as high risk according to the International Prognostic Scoring System (IPSS).
- Classification of the condition as Intermediate-2 requires a score of 1.5 to 2.0 on the IPSS, achieved with the possible combinations:
- 11% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 0 to 1 cytopenias; OR
 - 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 0 to 1 cytopenias; OR
 - 11% to 20% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
 - 5% to 10% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
 - 5% to 10% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias; OR
 - Less than 5% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), and 2 to 3 cytopenias.

Classification of the condition as high risk requires a score of 2.5 or more on the IPSS, achieved with the possible combinations:

- 21% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
- 21% to 30% marrow blasts with intermediate (other abnormalities) or poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
- 11% to 20% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
- 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias.

The following information must be provided by the prescriber at the time of application:

(a) The patient's International Prognostic Scoring System (IPSS) score

The following reports must be documented in the patient's medical records:

(a) bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and

(b) full blood examination report; and

(c) pathology report detailing the cytogenetics demonstrating intermediate-2 or high-risk disease according to the International Prognostic Scoring System (IPSS).

No more than 3 cycles will be authorised under this restriction in a patient's lifetime.

azacitidine 100 mg injection, 1 vial

13039G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	2	..	*879.45	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

13012

Acute Myeloid Leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

azacitidine 100 mg injection, 1 vial

13040H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	5	..	*879.45	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myelomonocytic Leukaemia
Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be chronic myelomonocytic leukaemia confirmed through a bone marrow biopsy report and full blood examination report, **AND**
- The condition must have 10% to 29% marrow blasts without Myeloproliferative Disorder.

The first authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

- (a) details (date, unique identifying number/code or provider number) of the bone marrow biopsy report from an Approved Pathology Authority demonstrating that the patient has chronic myelomonocytic leukaemia; and
- (b) details (date, unique identifying number/code or provider number) of the full blood examination report from an Approved Pathology Authority

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

- (i) A completed authority prescription form; and
- (ii) A completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following reports must be documented in the patient's medical records:

- (a) bone marrow biopsy report demonstrating that the patient has chronic myelomonocytic leukaemia; and
- (b) full blood examination report

No more than 3 cycles will be authorised under this restriction in a patient's lifetime.

azacitidine 100 mg injection, 1 vial

6100C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	2	..	*879.45	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Chronic Myelomonocytic Leukaemia
Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
 - Patient must not have progressive disease.
- Up to 6 cycles will be authorised.

azacitidine 100 mg injection, 1 vial

6138C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	
	14	5	..	*879.45	^a Azacitidine Accord [OC]	^a Azacitidine Juno [JO]
					^a Azacitidine MSN [JU]	^a Azacitidine Sandoz [SZ]
					^a Azacitidine-Teva [TB]	

Highly Specialised Drugs Program (Public Hospital)

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Acute Myeloid Leukaemia

Clinical criteria:

- The treatment must be used in combination with venetoclax (refer to Product Information for timing of azacitidine and venetoclax doses).

azacitidine 100 mg injection, 1 vial

12771E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	2	..	*837.62	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Myelodysplastic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
 - Patient must not have progressive disease.
- Up to 6 cycles will be authorised.

azacitidine 100 mg injection, 1 vial

13028Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	5	..	*837.62	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Acute Myeloid Leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be acute myeloid leukaemia confirmed through a bone marrow biopsy report and full blood examination, **AND**
 - The condition must have 20% to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification.
- The following reports must be documented in the patient's medical records:

- (a) bone marrow biopsy report demonstrating that the patient has acute myeloid leukaemia; and
(b) full blood examination report.

azacitidine 100 mg injection, 1 vial

13036D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	2	..	*837.62	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Myelodysplastic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be myelodysplastic syndrome confirmed through a bone marrow biopsy report and full blood examination, **AND**
 - The condition must be classified as Intermediate-2 according to the International Prognostic Scoring System (IPSS); OR
 - The condition must be classified as high risk according to the International Prognostic Scoring System (IPSS).
- Classification of the condition as Intermediate-2 requires a score of 1.5 to 2.0 on the IPSS, achieved with the possible combinations:
- 11% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 0 to 1 cytopenias; OR
 - 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 0 to 1 cytopenias; OR
 - 11% to 20% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
 - 5% to 10% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
 - 5% to 10% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias; OR
 - Less than 5% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), and 2 to 3 cytopenias.

Classification of the condition as high risk requires a score of 2.5 or more on the IPSS, achieved with the possible combinations:

- 21% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
- 21% to 30% marrow blasts with intermediate (other abnormalities) or poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
- 11% to 20% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
- 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias.

The following information must be provided by the prescriber at the time of application:

(a) The patient's International Prognostic Scoring System (IPSS) score

The following reports must be documented in the patient's medical records:

(a) bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome; and

(b) full blood examination report; and

(c) pathology report detailing the cytogenetics demonstrating intermediate-2 or high-risk disease according to the International Prognostic Scoring System (IPSS).

No more than 3 cycles will be authorised under this restriction in a patient's lifetime.

azacitidine 100 mg injection, 1 vial

13042K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	2	..	*837.62	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Note Authority applications for increased quantities/repeats (where relevant) may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required (STREAMLINED)

12986

Acute Myeloid Leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease.

azacitidine 100 mg injection, 1 vial

13044M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	5	..	*837.62	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authorisation under this restriction should be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/hpos)
Alternatively, applications for authority to prescribe can be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myelomonocytic Leukaemia
Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be chronic myelomonocytic leukaemia confirmed through a bone marrow biopsy report and full blood examination report, **AND**
- The condition must have 10% to 29% marrow blasts without Myeloproliferative Disorder.

The first authority application must be made via the Online PBS Authorities System (real time assessment), or in writing via HPOS form upload or mail and must include:

- (a) details (date, unique identifying number/code or provider number) of the bone marrow biopsy report from an Approved Pathology Authority demonstrating that the patient has chronic myelomonocytic leukaemia; and
- (b) details (date, unique identifying number/code or provider number) of the full blood examination report from an Approved Pathology Authority

All reports must be documented in the patient's medical records.

If the application is submitted through HPOS form upload or mail, it must include:

- (i) A completed authority prescription form; and
- (ii) A completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following reports must be documented in the patient's medical records:

- (a) bone marrow biopsy report demonstrating that the patient has chronic myelomonocytic leukaemia; and
- (b) full blood examination report

No more than 3 cycles will be authorised under this restriction in a patient's lifetime.

azacitidine 100 mg injection, 1 vial

9597D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	14	2	..	*837.62	^a Azacitidine Accord [OC] ^a Azacitidine MSN [JU] ^a Azacitidine-Teva [TB]	^a Azacitidine Juno [JO] ^a Azacitidine Sandoz [SZ]

■ AZACITIDINE

Caution This is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 6 months following cessation of therapy.

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 700 270 (hours of operation 8 a.m. to 5 p.m. Monday to Friday).

Authority required

Chronic Myelomonocytic Leukaemia
Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
 - Patient must not have progressive disease.
- Up to 6 cycles will be authorised.

azacitidine 100 mg injection, 1 vial

9598E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer	
	14	5	..	*837.62	^a Azacitidine Accord [OC]	^a Azacitidine Juno [JO]
					^a Azacitidine MSN [JU]	^a Azacitidine Sandoz [SZ]
					^a Azacitidine-Teva [TB]	
