



**Australian Government**

**Department of Health  
and Aged Care**



# Schedule of Pharmaceutical Benefits

Summary of Changes

**Effective 1 February 2024**



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# Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 February 2024 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*	\$3.45
Additional Fees (for safety net prices):	Ready-prepared	\$1.40
	Extemporaneously-prepared	\$1.80
Patient Co-payments:	General	\$31.60
	Concessional	\$7.70
Safety Net Thresholds:	General	\$1647.90
	Concessional	\$277.20
Safety Net Card Issue Fee:		\$12.04

\* 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.

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# Summary of Changes

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 February 2024. The Schedule is updated on the first day of each month and is available on the internet at [www.pbs.gov.au](http://www.pbs.gov.au).

## Prescriber Bag

### Additions

#### Addition – Item

13828T **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules (*pms-SALBUTAMOL*)

### Deletions

#### Deletion – Brand

3476Y *Maxolon, IL* – **METOCLOPRAMIDE**, metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules

3497C *Salbutamol AN, ED* – **SALBUTAMOL**, salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

#### Deletion – Equivalence Indicator

3476Y *METOCLOPRAMIDE INJECTION BP, WZ* – **METOCLOPRAMIDE**, metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules

3497C *Salbutamol Cipla, LR* – **SALBUTAMOL**, salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

## General Pharmaceutical Benefits

### Additions

#### Addition – Item

13347L **COLESTYRAMINE**, colestyramine 4 g powder for oral liquid, 30 sachets (*Cholestyramine-Odan*)

13351Q **COLESTYRAMINE**, colestyramine 4 g powder for oral liquid, 30 sachets (*Cholestyramine-Odan*)

13834D **FLUOXETINE**, fluoxetine 10 mg capsule, 30 (*Fluoxetine Capsules 10 mg (Medreich, UK)*)

13821K **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules (*pms-SALBUTAMOL*)

#### Addition – Brand

3016R *AMANTAMED, DZ* – **AMANTADINE**, amantadine hydrochloride 100 mg capsule, 100

8717T *ARIZOLE, RW* – **ARIPIRAZOLE**, aripiprazole 10 mg tablet, 30

8718W *ARIZOLE, RW* – **ARIPIRAZOLE**, aripiprazole 15 mg tablet, 30

8719X *ARIZOLE, RW* – **ARIPIRAZOLE**, aripiprazole 20 mg tablet, 30

8720Y *ARIZOLE, RW* – **ARIPIRAZOLE**, aripiprazole 30 mg tablet, 30

8535F *Gliclazide MR Viatris, AL* – **GLICLAZIDE**, gliclazide 30 mg modified release tablet, 100

2150E *Mycophenolic Acid ARX, XT* – **MYCOPHENOLATE**, mycophenolate 180 mg enteric tablet, 120

2193K *Mycophenolic Acid ARX, XT* – **MYCOPHENOLATE**, mycophenolate 360 mg enteric tablet, 120

13568D *Nebivolol Viatris, AL* – **NEBIVOLOL**, nebivolol 1.25 mg tablet, 28

9316H *Nebivolol Viatris, AL* – **NEBIVOLOL**, nebivolol 1.25 mg tablet, 28

13441K *Nebivolol Viatris, AL* – **NEBIVOLOL**, nebivolol 10 mg tablet, 28

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9312D	<i>Nebivolol Viatris, AL</i> – <b>NEBIVOLOL</b> , nebivolol 10 mg tablet, 28
5295Q	<i>PALONOSETRON Medsurge, DZ</i> – <b>PALONOSETRON</b> , palonosetron 250 microgram/5 mL injection, 5 mL vial
13124R	<i>Trientine Dr. Reddy's, RZ</i> – <b>TRIENTINE</b> , trientine dihydrochloride 250 mg capsule, 100
9128K	<i>VARENAPIX, TX</i> – <b>VARENICLINE</b> , varenicline 500 microgram tablet [11] (&) varenicline 1 mg tablet [42], 53

#### **Addition – Equivalence Indicator**

3016R	<i>Symmetrel 100, NV</i> – <b>AMANTADINE</b> , amantadine hydrochloride 100 mg capsule, 100
2150E	<i>Myfortic, NV</i> – <b>MYCOPHENOLATE</b> , mycophenolate 180 mg enteric tablet, 120
13124R	<i>Trientine Waymade, IX</i> – <b>TRIENTINE</b> , trientine dihydrochloride 250 mg capsule, 100

#### **Deletions**

##### **Deletion – Item**

8677Q	<b>AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE</b> , amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 24 g sachets ( <i>HCU gel</i> )
8631G	<b>AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE</b> , amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 24 g sachets ( <i>TYR gel</i> )
8592F	<b>AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE</b> , amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 24 g sachets ( <i>MSUD gel</i> )

##### **Deletion – Brand**

8189B	<i>Acarbose Mylan, AF</i> – <b>ACARBOSE</b> , acarbose 100 mg tablet, 90
8594H	<i>Amisulpride 100 Winthrop, WA</i> – <b>AMISULPRIDE</b> , amisulpride 100 mg tablet, 30
13532F	<i>Amlodipine Amneal, EF</i> – <b>AMLODIPINE</b> , amlodipine 5 mg tablet, 30
2751T	<i>Amlodipine Amneal, EF</i> – <b>AMLODIPINE</b> , amlodipine 5 mg tablet, 30
13562T	<i>Amlodipine Amneal, EF</i> – <b>AMLODIPINE</b> , amlodipine 10 mg tablet, 30
2752W	<i>Amlodipine Amneal, EF</i> – <b>AMLODIPINE</b> , amlodipine 10 mg tablet, 30
11941L	<i>Amoxyclav AN 500/125, EA</i> – <b>AMOXICILLIN + CLAVULANIC ACID</b> , amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10
1891M	<i>Amoxyclav AN 500/125, EA</i> – <b>AMOXICILLIN + CLAVULANIC ACID</b> , amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10
5008N	<i>Amoxyclav AN 500/125, EA</i> – <b>AMOXICILLIN + CLAVULANIC ACID</b> , amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10
11933C	<i>Amoxyclav AN 875/125, EA</i> – <b>AMOXICILLIN + CLAVULANIC ACID</b> , amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10
5006L	<i>Amoxyclav AN 875/125, EA</i> – <b>AMOXICILLIN + CLAVULANIC ACID</b> , amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10
8254K	<i>Amoxyclav AN 875/125, EA</i> – <b>AMOXICILLIN + CLAVULANIC ACID</b> , amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10
8720Y	<i>Aripiprazole generichealth, HQ</i> – <b>ARIPIPRAZOLE</b> , aripiprazole 30 mg tablet, 30
1081X	<i>Atenolol Amneal, EF</i> – <b>ATENOLOL</b> , atenolol 50 mg tablet, 30
13540P	<i>Atenolol Amneal, EF</i> – <b>ATENOLOL</b> , atenolol 50 mg tablet, 30
2687K	<i>Azathioprine GH, GQ</i> – <b>AZATHIOPRINE</b> , azathioprine 50 mg tablet, 100
13457G	<i>Calcitriol AN, EA</i> – <b>CALCITRIOL</b> , calcitriol 0.25 microgram capsule, 100
2502Q	<i>Calcitriol AN, EA</i> – <b>CALCITRIOL</b> , calcitriol 0.25 microgram capsule, 100
8315P	<i>Cefepime Alphapharm, AF</i> – <b>CEFEPIME</b> , cefepime 1 g injection, 1 vial
8316Q	<i>Cefepime Alphapharm, AF</i> – <b>CEFEPIME</b> , cefepime 2 g injection, 1 vial
9158B	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 60 mg tablet, 28
8702B	<i>Citalopram AN, EF</i> – <b>CITALOPRAM</b> , citalopram 10 mg tablet, 28

8220P *Citalopram AN, EA* – **CITALOPRAM**, citalopram 20 mg tablet, 28

8703C *Citalopram AN, EA* – **CITALOPRAM**, citalopram 40 mg tablet, 28

8318T *Clarithromycin AN, EA* – **CLARITHROMYCIN**, clarithromycin 250 mg tablet, 14

1269T *Cyprone 50, AL* – **CYPROTERONE**, cyproterone acetate 50 mg tablet, 20

1270W *Cyprone 50, AL* – **CYPROTERONE**, cyproterone acetate 50 mg tablet, 50

8019C *Cyprone 100, AF* – **CYPROTERONE**, cyproterone acetate 100 mg tablet, 50

10241B *Desvenlafaxine Actavis, EA* – **DESVENLAFAXINE**, desvenlafaxine 50 mg modified release tablet, 28

10231L *Desvenlafaxine Actavis, EA* – **DESVENLAFAXINE**, desvenlafaxine 100 mg modified release tablet, 28

1299J *Diclofenac AN, EA* – **DICLOFENAC**, diclofenac sodium 25 mg enteric tablet, 50

5076E *Diclofenac AN, EA* – **DICLOFENAC**, diclofenac sodium 25 mg enteric tablet, 50

1300K *Diclofenac AN, EA* – **DICLOFENAC**, diclofenac sodium 50 mg enteric tablet, 50

5077F *Diclofenac AN, EA* – **DICLOFENAC**, diclofenac sodium 50 mg enteric tablet, 50

1335G *Diltiazem AN, EA* – **DILTIAZEM**, diltiazem hydrochloride 60 mg tablet, 90

13385L *EZEVYT 10/10, LR* – **EZETIMIBE + SIMVASTATIN**, ezetimibe 10 mg + simvastatin 10 mg tablet, 30

9483D *EZEVYT 10/10, LR* – **EZETIMIBE + SIMVASTATIN**, ezetimibe 10 mg + simvastatin 10 mg tablet, 30

13442L *EZEVYT 10/20, LR* – **EZETIMIBE + SIMVASTATIN**, ezetimibe 10 mg + simvastatin 20 mg tablet, 30

9484E *EZEVYT 10/20, LR* – **EZETIMIBE + SIMVASTATIN**, ezetimibe 10 mg + simvastatin 20 mg tablet, 30

13535J *EZEVYT 10/40, LR* – **EZETIMIBE + SIMVASTATIN**, ezetimibe 10 mg + simvastatin 40 mg tablet, 30

8881K *EZEVYT 10/40, LR* – **EZETIMIBE + SIMVASTATIN**, ezetimibe 10 mg + simvastatin 40 mg tablet, 30

13595M *EZEVYT 10/80, LR* – **EZETIMIBE + SIMVASTATIN**, ezetimibe 10 mg + simvastatin 80 mg tablet, 30

8882L *EZEVYT 10/80, LR* – **EZETIMIBE + SIMVASTATIN**, ezetimibe 10 mg + simvastatin 80 mg tablet, 30

8092X *Famciclovir-GA, ED* – **FAMCICLOVIR**, famciclovir 125 mg tablet, 40

2274Q *Famciclovir-GA, ED* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 20

8002E *Famciclovir-GA, ED* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 21

8896F *Famciclovir-GA, ED* – **FAMCICLOVIR**, famciclovir 500 mg tablet, 56

8518H *Seroflo 125/25, YC* – **FLUTICASONE PROPIONATE + SALMETEROL**, fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8519J *Seroflo 250/25, YC* – **FLUTICASONE PROPIONATE + SALMETEROL**, fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

13473D *FUROSEMIDE AN, EA* – **FUROSEMIDE**, furosemide 20 mg tablet, 100

2414C *FUROSEMIDE AN, EA* – **FUROSEMIDE**, furosemide 20 mg tablet, 100

13472C *FUROSEMIDE AN, EA* – **FUROSEMIDE**, furosemide 40 mg tablet, 100

2412Y *FUROSEMIDE AN, EA* – **FUROSEMIDE**, furosemide 40 mg tablet, 100

8559L *Gabapentin AN, EA* – **GABAPENTIN**, gabapentin 600 mg tablet, 100

8451T *Amaryl, SW* – **GLIMEPIRIDE**, glimepiride 2 mg tablet, 30

13435D *Irbesartan AMNEAL, EF* – **IRBESARTAN**, irbesartan 75 mg tablet, 30

13435D *Irbesartan AN, EA* – **IRBESARTAN**, irbesartan 75 mg tablet, 30

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

8246B *Irbesartan AN, EA* – **IRBESARTAN**, irbesartan 75 mg tablet, 30

13564X *Irbesartan AN, EA* – **IRBESARTAN**, irbesartan 300 mg tablet, 30

8248D *Irbesartan AN, EA* – **IRBESARTAN**, irbesartan 300 mg tablet, 30

13461L *Isosorbide AN, EA* – **ISOSORBIDE MONONITRATE**, isosorbide mononitrate 60 mg modified release tablet, 30

13461L *Monodur 60 mg, IY* – **ISOSORBIDE MONONITRATE**, isosorbide mononitrate 60 mg modified release tablet, 30

1558B *Isosorbide AN, EA* – **ISOSORBIDE MONONITRATE**, isosorbide mononitrate 60 mg modified release tablet, 30

1558B *Monodur 60 mg, IY* – **ISOSORBIDE MONONITRATE**, isosorbide mononitrate 60 mg modified release tablet, 30

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2591J	<i>Rocta 10, RW</i> – <b>ISOTRETINOIN</b> , isotretinoin 10 mg capsule, 60
2592K	<i>Rocta 20, RW</i> – <b>ISOTRETINOIN</b> , isotretinoin 20 mg capsule, 60
8887R	<i>Chem mart Meloxicam, CH</i> – <b>MELOXICAM</b> , meloxicam 7.5 mg capsule, 30
8887R	<i>Terry White Chemists Meloxicam, TW</i> – <b>MELOXICAM</b> , meloxicam 7.5 mg capsule, 30
8888T	<i>Chem mart Meloxicam, CH</i> – <b>MELOXICAM</b> , meloxicam 15 mg capsule, 30
8888T	<i>Terry White Chemists Meloxicam, TW</i> – <b>MELOXICAM</b> , meloxicam 15 mg capsule, 30
2430X	<i>Metformin AN, EA</i> – <b>METFORMIN</b> , metformin hydrochloride 500 mg tablet, 100
1801T	<i>Chem mart Metformin, CH</i> – <b>METFORMIN</b> , metformin hydrochloride 850 mg tablet, 60
1801T	<i>Metformin AN, EA</i> – <b>METFORMIN</b> , metformin hydrochloride 850 mg tablet, 60
1801T	<i>Terry White Chemists Metformin, TW</i> – <b>METFORMIN</b> , metformin hydrochloride 850 mg tablet, 60
8607B	<i>Metformin AN, EA</i> – <b>METFORMIN</b> , metformin hydrochloride 1 g tablet, 90
1206L	<i>Maxolon, IL</i> – <b>METOCLOPRAMIDE</b> , metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules
5153F	<i>Maxolon, IL</i> – <b>METOCLOPRAMIDE</b> , metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules
8855C	<i>Mirtazapine AN ODT, EA</i> – <b>MIRTAZAPINE</b> , mirtazapine 15 mg orally disintegrating tablet, 30
8513C	<i>Mirtazon, RW</i> – <b>MIRTAZAPINE</b> , mirtazapine 30 mg tablet, 30
8856D	<i>Mirtazapine AN ODT, EA</i> – <b>MIRTAZAPINE</b> , mirtazapine 30 mg orally disintegrating tablet, 30
8857E	<i>Mirtazapine AN ODT, EA</i> – <b>MIRTAZAPINE</b> , mirtazapine 45 mg orally disintegrating tablet, 30
8883M	<i>Mirtazon, RW</i> – <b>MIRTAZAPINE</b> , mirtazapine 45 mg tablet, 30
1900B	<i>Moclobemide AN, EA</i> – <b>MOCLOBEMIDE</b> , moclobemide 150 mg tablet, 60
8003F	<i>Moclobemide AN, EA</i> – <b>MOCLOBEMIDE</b> , moclobemide 300 mg tablet, 60
1692C	<i>APO-Nitrofurantoin, TX</i> – <b>NITROFURANTOIN</b> , nitrofurantoin 50 mg capsule, 30
1693D	<i>APO-Nitrofurantoin, TX</i> – <b>NITROFURANTOIN</b> , nitrofurantoin 100 mg capsule, 30
1594X	<i>Ondansetron AN, EA</i> – <b>ONDANSETRON</b> , ondansetron 4 mg tablet, 10
5470X	<i>Ondansetron AN ODT, EA</i> – <b>ONDANSETRON</b> , ondansetron 4 mg orally disintegrating tablet, 4
5472B	<i>Ondansetron AN ODT, EA</i> – <b>ONDANSETRON</b> , ondansetron 4 mg orally disintegrating tablet, 10
8224W	<i>Ondansetron AN, EA</i> – <b>ONDANSETRON</b> , ondansetron 4 mg tablet, 4
1595Y	<i>Ondansetron AN, EA</i> – <b>ONDANSETRON</b> , ondansetron 8 mg tablet, 10
5471Y	<i>Ondansetron AN ODT, EA</i> – <b>ONDANSETRON</b> , ondansetron 8 mg orally disintegrating tablet, 4
5473C	<i>Ondansetron AN ODT, EA</i> – <b>ONDANSETRON</b> , ondansetron 8 mg orally disintegrating tablet, 10
8225X	<i>Ondansetron AN, EA</i> – <b>ONDANSETRON</b> , ondansetron 8 mg tablet, 4
11681T	<i>Pantoprazole AN, EA</i> – <b>PANTOPRAZOLE</b> , pantoprazole 40 mg enteric tablet, 30
12277E	<i>Pantoprazole AN, EA</i> – <b>PANTOPRAZOLE</b> , pantoprazole 40 mg enteric tablet, 30
8007K	<i>Pantoprazole AN, EA</i> – <b>PANTOPRAZOLE</b> , pantoprazole 40 mg enteric tablet, 30
8008L	<i>Pantoprazole AN, EA</i> – <b>PANTOPRAZOLE</b> , pantoprazole 40 mg enteric tablet, 30
2242B	<i>Paroxetine AN, EA</i> – <b>PAROXETINE</b> , paroxetine 20 mg tablet, 30
13371R	<i>Perindopril generichealth, GQ</i> – <b>PERINDOPRIL</b> , perindopril erbumine 4 mg tablet, 30
3051N	<i>Perindopril generichealth, GQ</i> – <b>PERINDOPRIL</b> , perindopril erbumine 4 mg tablet, 30
13372T	<i>Perindopril generichealth, GQ</i> – <b>PERINDOPRIL</b> , perindopril erbumine 8 mg tablet, 30
8704D	<i>Perindopril generichealth, GQ</i> – <b>PERINDOPRIL</b> , perindopril erbumine 8 mg tablet, 30
8457D	<i>Quetiapine AN, EA</i> – <b>QUETIAPINE</b> , quetiapine 100 mg tablet, 90
8580N	<i>Quetiapine AN, EA</i> – <b>QUETIAPINE</b> , quetiapine 300 mg tablet, 60
13431X	<i>APO-Ramipril, TX</i> – <b>RAMIPRIL</b> , ramipril 1.25 mg capsule, 30
9120B	<i>APO-Ramipril, TX</i> – <b>RAMIPRIL</b> , ramipril 1.25 mg capsule, 30
10551H	<i>Rizatriptan AN ODT, EA</i> – <b>RIZATRIPTAN</b> , rizatriptan 10 mg orally disintegrating tablet, 2

2001H	<i>Salbutamol AN, ED</i> – <b>SALBUTAMOL</b> , salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules
2236Q	<i>Sertraline AN, EA</i> – <b>SERTRALINE</b> , sertraline 50 mg tablet, 30
8836C	<i>Sertraline AN, EA</i> – <b>SERTRALINE</b> , sertraline 50 mg tablet, 30
2237R	<i>Sertraline AN, EA</i> – <b>SERTRALINE</b> , sertraline 100 mg tablet, 30
8837D	<i>Sertraline AN, EA</i> – <b>SERTRALINE</b> , sertraline 100 mg tablet, 30
1356J	<i>Tobramycin Mylan, AF</i> – <b>TOBRAMYCIN</b> , tobramycin 80 mg/2 mL injection, 5 x 2 mL vials

### **Deletion – Equivalence Indicator**

1206L	<i>METOCLOPRAMIDE INJECTION BP, WZ</i> – <b>METOCLOPRAMIDE</b> , metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules
5153F	<i>METOCLOPRAMIDE INJECTION BP, WZ</i> – <b>METOCLOPRAMIDE</b> , metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules
8855C	<i>MIRTANZA ODT, RF</i> – <b>MIRTAZAPINE</b> , mirtazapine 15 mg orally disintegrating tablet, 30
8856D	<i>MIRTANZA ODT, RF</i> – <b>MIRTAZAPINE</b> , mirtazapine 30 mg orally disintegrating tablet, 30
8857E	<i>MIRTANZA ODT, RF</i> – <b>MIRTAZAPINE</b> , mirtazapine 45 mg orally disintegrating tablet, 30
1356J	<i>Tobramycin Viatris, AL</i> – <b>TOBRAMYCIN</b> , tobramycin 80 mg/2 mL injection, 5 x 2 mL vials

### **Alterations**

#### **Alteration – Manufacturer Code**

		<i>From</i>	<i>To</i>
10833E	<i>Supriad Cream</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% cream, 15 g	LG	XT
10835G	<i>Supriad Cream</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% cream, 15 g	LG	XT
10842P	<i>Supriad Cream</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% cream, 15 g	LG	XT
10851D	<i>Supriad Cream</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% cream, 15 g	LG	XT
10855H	<i>Supriad Cream</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% cream, 15 g	LG	XT
8054X	<i>Supriad Cream</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% cream, 15 g	LG	XT
10839L	<i>Supriad Fatty Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
10840M	<i>Supriad Fatty Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
10843Q	<i>Supriad Fatty Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
10844R	<i>Supriad Fatty Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
10848Y	<i>Supriad Fatty Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
8128T	<i>Supriad Fatty Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
10834F	<i>Supriad Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
10836H	<i>Supriad Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
10845T	<i>Supriad Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT

10846W	<i>Supriad Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
10853F	<i>Supriad Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
8055Y	<i>Supriad Ointment</i> – <b>METHYLPREDNISOLONE</b> , methylprednisolone aceponate 0.1% ointment, 15 g	LG	XT
9160D	<i>Lamisil</i> – <b>TERBINAFINE</b> , terbinafine hydrochloride 1% cream, 15 g	GJ	NP

## Advance Notices

**1 March 2024**

### Deletion – Brand

13529C	<i>Atorvastatin GH, GQ</i> – <b>ATORVASTATIN</b> , atorvastatin 20 mg tablet, 30
8214H	<i>Atorvastatin GH, GQ</i> – <b>ATORVASTATIN</b> , atorvastatin 20 mg tablet, 30
13419G	<i>Bisoprolol Dr.Reddy's, RI</i> – <b>BISOPROLOL</b> , bisoprolol fumarate 2.5 mg tablet, 28
13443M	<i>Bisoprolol Dr.Reddy's, RI</i> – <b>BISOPROLOL</b> , bisoprolol fumarate 5 mg tablet, 28
13444N	<i>Bisoprolol Dr.Reddy's, RI</i> – <b>BISOPROLOL</b> , bisoprolol fumarate 10 mg tablet, 28
8604W	<i>Bisoprolol Dr.Reddy's, RI</i> – <b>BISOPROLOL</b> , bisoprolol fumarate 2.5 mg tablet, 28
8605X	<i>Bisoprolol Dr.Reddy's, RI</i> – <b>BISOPROLOL</b> , bisoprolol fumarate 5 mg tablet, 28
8606Y	<i>Bisoprolol Dr.Reddy's, RI</i> – <b>BISOPROLOL</b> , bisoprolol fumarate 10 mg tablet, 28
9157Y	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 30 mg tablet, 28
13365K	<i>Clopidogrel GH, GQ</i> – <b>CLOPIDOGREL</b> , clopidogrel 75 mg tablet, 28
9354H	<i>Clopidogrel GH, GQ</i> – <b>CLOPIDOGREL</b> , clopidogrel 75 mg tablet, 28
13385L	<i>EZESIM 10/10, RZ</i> – <b>EZETIMIBE + SIMVASTATIN</b> , ezetimibe 10 mg + simvastatin 10 mg tablet, 30
13442L	<i>EZESIM 10/20, RZ</i> – <b>EZETIMIBE + SIMVASTATIN</b> , ezetimibe 10 mg + simvastatin 20 mg tablet, 30
13535J	<i>EZESIM 10/40, RZ</i> – <b>EZETIMIBE + SIMVASTATIN</b> , ezetimibe 10 mg + simvastatin 40 mg tablet, 30
13595M	<i>EZESIM 10/80, RZ</i> – <b>EZETIMIBE + SIMVASTATIN</b> , ezetimibe 10 mg + simvastatin 80 mg tablet, 30
8881K	<i>EZESIM 10/40, RZ</i> – <b>EZETIMIBE + SIMVASTATIN</b> , ezetimibe 10 mg + simvastatin 40 mg tablet, 30
8882L	<i>EZESIM 10/80, RZ</i> – <b>EZETIMIBE + SIMVASTATIN</b> , ezetimibe 10 mg + simvastatin 80 mg tablet, 30
9483D	<i>EZESIM 10/10, RZ</i> – <b>EZETIMIBE + SIMVASTATIN</b> , ezetimibe 10 mg + simvastatin 10 mg tablet, 30
9484E	<i>EZESIM 10/20, RZ</i> – <b>EZETIMIBE + SIMVASTATIN</b> , ezetimibe 10 mg + simvastatin 20 mg tablet, 30
8654L	<i>Levetacetam 250, RZ</i> – <b>LEVETIRACETAM</b> , levetiracetam 250 mg tablet, 60
8655M	<i>Levetacetam 500, RZ</i> – <b>LEVETIRACETAM</b> , levetiracetam 500 mg tablet, 60
8656N	<i>Levetacetam 1000, RZ</i> – <b>LEVETIRACETAM</b> , levetiracetam 1 g tablet, 60
2622B	<i>Oxycodone Mylan, AL</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 5 mg tablet, 20
5195K	<i>Oxycodone Mylan, AL</i> – <b>OXYCODONE</b> , oxycodone hydrochloride 5 mg tablet, 20
13437F	<i>Telmisartan-DRLA, RZ</i> – <b>TELMISARTAN</b> , telmisartan 40 mg tablet, 28
13593K	<i>Telmisartan-DRLA, RZ</i> – <b>TELMISARTAN</b> , telmisartan 80 mg tablet, 28
8355R	<i>Telmisartan-DRLA, RZ</i> – <b>TELMISARTAN</b> , telmisartan 40 mg tablet, 28
8356T	<i>Telmisartan-DRLA, RZ</i> – <b>TELMISARTAN</b> , telmisartan 80 mg tablet, 28

**1 April 2024**

### Deletion – Brand

8125P	<i>Climara 50, BN</i> – <b>ESTRADIOL</b> , estradiol 50 microgram/24 hours patch, 4
8126Q	<i>Climara 100, BN</i> – <b>ESTRADIOL</b> , estradiol 100 microgram/24 hours patch, 4
8485N	<i>Climara 25, BN</i> – <b>ESTRADIOL</b> , estradiol 25 microgram/24 hours patch, 4
8486P	<i>Climara 75, BN</i> – <b>ESTRADIOL</b> , estradiol 75 microgram/24 hours patch, 4
8450R	<i>Aylide 1, AF</i> – <b>GLIMEPIRIDE</b> , glimepiride 1 mg tablet, 30

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8451T	<i>Aylide 2, AF</i> – <b>GLIMEPIRIDE</b> , glimepiride 2 mg tablet, 30
8452W	<i>Aylide 4, AF</i> – <b>GLIMEPIRIDE</b> , glimepiride 4 mg tablet, 30
8533D	<i>Aylide 3, AF</i> – <b>GLIMEPIRIDE</b> , glimepiride 3 mg tablet, 30
2335X	<i>Pregabalin GH, GQ</i> – <b>PREGABALIN</b> , pregabalin 75 mg capsule, 56
2355Y	<i>Pregabalin GH, GQ</i> – <b>PREGABALIN</b> , pregabalin 150 mg capsule, 56
11877D	<i>Risperidone generichealth, GQ</i> – <b>RISPERIDONE</b> , risperidone 1 mg tablet, 60
11879F	<i>Risperidone generichealth, GQ</i> – <b>RISPERIDONE</b> , risperidone 1 mg tablet, 60
3169T	<i>Risperidone generichealth, GQ</i> – <b>RISPERIDONE</b> , risperidone 1 mg tablet, 60
3170W	<i>Risperidone generichealth, GQ</i> – <b>RISPERIDONE</b> , risperidone 2 mg tablet, 60
3171X	<i>Risperidone generichealth, GQ</i> – <b>RISPERIDONE</b> , risperidone 3 mg tablet, 60
8789N	<i>Risperidone generichealth, GQ</i> – <b>RISPERIDONE</b> , risperidone 1 mg tablet, 60
9079W	<i>Risperidone generichealth, GQ</i> – <b>RISPERIDONE</b> , risperidone 2 mg tablet, 60

### 1 May 2024

#### Deletion – Brand

11296M	<i>Tenofovir Disoproxil Emtricitabine Mylan 300/200, AF</i> – <b>TENOFOVIR DISOPROXIL + EMTRICITABINE</b> , tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30
10785P	<i>Trimethoprim Mylan, AL</i> – <b>TRIMETHOPRIM</b> , trimethoprim 300 mg tablet, 7
2666H	<i>Trimethoprim Mylan, AL</i> – <b>TRIMETHOPRIM</b> , trimethoprim 300 mg tablet, 7
2922T	<i>Trimethoprim Mylan, AL</i> – <b>TRIMETHOPRIM</b> , trimethoprim 300 mg tablet, 7

## Palliative Care

### Deletions

#### Deletion – Brand

10762K	<i>Maxolon, IL</i> – <b>METOCLOPRAMIDE</b> , metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules
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#### Deletion – Equivalence Indicator

10762K	<i>METOCLOPRAMIDE INJECTION BP, WZ</i> – <b>METOCLOPRAMIDE</b> , metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules
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## Highly Specialised Drugs Program (Private Hospital)

### Additions

#### Addition – Item

13820J	<b>NATALIZUMAB</b> , natalizumab 150 mg/mL injection, 2 x 1 mL syringes ( <i>Tysabri</i> )
13826Q	<b>NIVOLUMAB + RELATLIMAB</b> , nivolumab 240 mg/20 mL + relatlimab 80 mg/20 mL injection, 20 mL vial ( <i>Opdualag</i> )
13829W	<b>NIVOLUMAB + RELATLIMAB</b> , nivolumab 240 mg/20 mL + relatlimab 80 mg/20 mL injection, 20 mL vial ( <i>Opdualag</i> )

#### Addition – Brand

6369F	<i>Mycophenolic Acid ARX, XT</i> – <b>MYCOPHENOLATE</b> , mycophenolate 180 mg enteric tablet, 120
6370G	<i>Mycophenolic Acid ARX, XT</i> – <b>MYCOPHENOLATE</b> , mycophenolate 360 mg enteric tablet, 120

#### Addition – Equivalence Indicator

6369F	<i>Myfortic, NV</i> – <b>MYCOPHENOLATE</b> , mycophenolate 180 mg enteric tablet, 120
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### Deletions

#### Deletion – Brand

12180C	<i>Ambrisentan Mylan, AF</i> – <b>AMBRISENTAN</b> , ambrisentan 10 mg tablet, 30
9649W	<i>Ambrisentan Mylan, AF</i> – <b>AMBRISENTAN</b> , ambrisentan 10 mg tablet, 30

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12139X	<i>Bosentan Cipla, LR</i> – <b>BOSENTAN</b> , bosentan 62.5 mg tablet, 60
12143D	<i>Bosentan Cipla, LR</i> – <b>BOSENTAN</b> , bosentan 62.5 mg tablet, 60
12148J	<i>Bosentan Cipla, LR</i> – <b>BOSENTAN</b> , bosentan 62.5 mg tablet, 60
6429J	<i>Bosentan Cipla, LR</i> – <b>BOSENTAN</b> , bosentan 62.5 mg tablet, 60
11889R	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 60 mg tablet, 28
9626P	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 60 mg tablet, 28
11545P	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 90 mg tablet, 30
11548T	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 90 mg tablet, 30
11558H	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 90 mg tablet, 30
11510T	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 180 mg tablet, 30
11546Q	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 180 mg tablet, 30
11557G	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 180 mg tablet, 30
11496C	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 360 mg tablet, 30
11511W	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 360 mg tablet, 30
11547R	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 360 mg tablet, 30
6228T	<i>Octreotide MaxRx, GQ</i> – <b>OCTREOTIDE</b> , octreotide 100 microgram/mL injection, 5 x 1 mL ampoules
6363X	<i>Ristempa, JO</i> – <b>PEGFILGRASTIM</b> , pegfilgrastim 6 mg/0.6 mL injection, 0.6 mL syringe
12138W	<i>Sildenafil AN PHT 20, EA</i> – <b>SILDENAFIL</b> , sildenafil 20 mg tablet, 90
9605M	<i>Sildenafil AN PHT 20, EA</i> – <b>SILDENAFIL</b> , sildenafil 20 mg tablet, 90

#### **Deletion – Note**

6363X	<b>PEGFILGRASTIM</b> , pegfilgrastim 6 mg/0.6 mL injection, 0.6 mL syringe ( <i>Pelgraz, Ziextenzo</i> )
11046J	<b>RIOCIGUAT</b> , riociguat 1.5 mg tablet, 42 ( <i>Adempas</i> )
11045H	<b>RIOCIGUAT</b> , riociguat 2 mg tablet, 42 ( <i>Adempas</i> )
11052Q	<b>RIOCIGUAT</b> , riociguat 2.5 mg tablet, 42 ( <i>Adempas</i> )

#### **Advance Notices**

**1 March 2024**

#### **Deletion – Brand**

11891W	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 30 mg tablet, 28
9625N	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 30 mg tablet, 28

### **Highly Specialised Drugs Program (Public Hospital)**

#### **Additions**

##### **Addition – Item**

13825P	<b>NATALIZUMAB</b> , natalizumab 150 mg/mL injection, 2 x 1 mL syringes ( <i>Tysabri</i> )
13817F	<b>NIVOLUMAB + RELATLIMAB</b> , nivolumab 240 mg/20 mL + relatlimab 80 mg/20 mL injection, 20 mL vial ( <i>Opdualag</i> )
13830X	<b>NIVOLUMAB + RELATLIMAB</b> , nivolumab 240 mg/20 mL + relatlimab 80 mg/20 mL injection, 20 mL vial ( <i>Opdualag</i> )

##### **Addition – Brand**

9503E	<i>Mycophenolic Acid ARX, XT</i> – <b>MYCOPHENOLATE</b> , mycophenolate 180 mg enteric tablet, 120
9504F	<i>Mycophenolic Acid ARX, XT</i> – <b>MYCOPHENOLATE</b> , mycophenolate 360 mg enteric tablet, 120

##### **Addition – Equivalence Indicator**

9503E	<i>Myfortic, NV</i> – <b>MYCOPHENOLATE</b> , mycophenolate 180 mg enteric tablet, 120
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## Deletions

### Deletion – Brand

12186J	<i>Ambrisentan Mylan, AF</i> – <b>AMBRISENTAN</b> , ambrisentan 10 mg tablet, 30
5608E	<i>Ambrisentan Mylan, AF</i> – <b>AMBRISENTAN</b> , ambrisentan 10 mg tablet, 30
12134P	<i>Bosentan Cipla, LR</i> – <b>BOSENTAN</b> , bosentan 62.5 mg tablet, 60
12140Y	<i>Bosentan Cipla, LR</i> – <b>BOSENTAN</b> , bosentan 62.5 mg tablet, 60
12145F	<i>Bosentan Cipla, LR</i> – <b>BOSENTAN</b> , bosentan 62.5 mg tablet, 60
5618Q	<i>Bosentan Cipla, LR</i> – <b>BOSENTAN</b> , bosentan 62.5 mg tablet, 60
11886N	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 60 mg tablet, 28
5622X	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 60 mg tablet, 28
11499F	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 90 mg tablet, 30
11519G	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 90 mg tablet, 30
11534C	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 90 mg tablet, 30
11500G	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 180 mg tablet, 30
11535D	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 180 mg tablet, 30
11556F	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 180 mg tablet, 30
11533B	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 360 mg tablet, 30
11536E	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 360 mg tablet, 30
11555E	<i>CIPLA DEFERASIROX, LR</i> – <b>DEFERASIROX</b> , deferasirox 360 mg tablet, 30
9509L	<i>Octreotide MaxRx, GQ</i> – <b>OCTREOTIDE</b> , octreotide 100 microgram/mL injection, 5 x 1 mL ampoules
9514R	<i>Ristempa, JO</i> – <b>PEGFILGRASTIM</b> , pegfilgrastim 6 mg/0.6 mL injection, 0.6 mL syringe
12144E	<i>Sildenafil AN PHT 20, EA</i> – <b>SILDENAFIL</b> , sildenafil 20 mg tablet, 90
9547L	<i>Sildenafil AN PHT 20, EA</i> – <b>SILDENAFIL</b> , sildenafil 20 mg tablet, 90

### Deletion – Note

9514R	<b>PEGFILGRASTIM</b> , pegfilgrastim 6 mg/0.6 mL injection, 0.6 mL syringe ( <i>Pelgraz, , Ziextenzo</i> )
11047K	<b>RIOCIGUAT</b> , riociguat 1.5 mg tablet, 42 ( <i>Adempas</i> )
11038Y	<b>RIOCIGUAT</b> , riociguat 2 mg tablet, 42 ( <i>Adempas</i> )
11057Y	<b>RIOCIGUAT</b> , riociguat 2.5 mg tablet, 42 ( <i>Adempas</i> )

## Advance Notices

**1 March 2024**

### Deletion – Brand

11887P	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 30 mg tablet, 28
5621W	<i>Cinacalcet Mylan, AF</i> – <b>CINACALCET</b> , cinacalcet 30 mg tablet, 28

## Highly Specialised Drugs Program (Community Access)

### Additions

#### Addition – Brand

11155D	<i>Tenofovir Disoproxil Viartis, AL</i> – <b>TENOFOVIR DISOPROXIL</b> , tenofovir disoproxil maleate 300 mg tablet, 30
11982P	<i>Tenofovir Disoproxil Viartis, AL</i> – <b>TENOFOVIR DISOPROXIL</b> , tenofovir disoproxil maleate 300 mg tablet, 30

### Deletions

#### Deletion – Brand

11732L	<i>Tenofovir Disoproxil/Emtricitabine/Efavirenz Mylan 300/200/600, AF</i> – <b>TENOFOVIR DISOPROXIL + EMTRICITABINE + EFAVIRENZ</b> , tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg + efavirenz 600 mg tablet, 30
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### Deletion – Equivalence Indicator

11732L *Tenofovir Disoproxil Emtricitabine Efavirenz Viartis 300/200/600, AL* – **TENOFOVIR DISOPROXIL + EMTRICITABINE + EFAVIRENZ**, tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg + efavirenz 600 mg tablet, 30

### Advance Notices

1 May 2024

#### Deletion – Brand

11149T *Tenofovir Disoproxil Emtricitabine Mylan 300/200, AF* – **TENOFOVIR DISOPROXIL + EMTRICITABINE**, tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30

## Growth Hormone Program

### Advance Notices

1 April 2024

#### Deletion – Brand

10438J *NutropinAq, IS* – **SOMATROPIN**, somatropin 10 mg/2 mL injection, 2 mL cartridge

10478L *NutropinAq, IS* – **SOMATROPIN**, somatropin 10 mg/2 mL injection, 2 mL cartridge

11650E *NutropinAq, IS* – **SOMATROPIN**, somatropin 10 mg/2 mL injection, 2 mL cartridge

9604L *NutropinAq, IS* – **SOMATROPIN**, somatropin 10 mg/2 mL injection, 2 mL cartridge

## Repatriation Pharmaceutical Benefits

### Deletions

#### Deletion – Brand

4594T *Gabapentin AN, EA* – **GABAPENTIN**, gabapentin 600 mg tablet, 100

### Alterations

#### Alteration – Manufacturer Code

		<i>From</i>	<i>To</i>
4473K	<i>Lamisil</i> – <b>TERBINAFINE</b> , terbinafine hydrochloride 1% cream, 15 g	GJ	NP
4463X	<i>Lamisil DermGel</i> – <b>TERBINAFINE</b> , terbinafine 1% gel, 15 g	GJ	NP

### Advance Notices

1 March 2024

#### Deletion – Brand

10169F *Clopidogrel GH, GQ* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

10850C *Arginaid, NT* – **PROTEIN FORMULA WITH ARGININE, VITAMIN C AND E**, protein formula with arginine, vitamin C and E powder for oral liquid, 14 x 9.2 g sachets


13020G *Arginaid Extra, NT* – **PROTEIN FORMULA WITH ARGININE, VITAMIN C, E AND ZINC**, protein formula with arginine, vitamin C, E and zinc oral liquid, 24 x 237 mL cartons

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# Prescriber Bag

## ▪ SALBUTAMOL


salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

13828T	Max. Qty Packs	DPMQ \$	Brand Name and Manufacturer
	‡1	32.14	pms-SALBUTAMOL [DZ]

# General Pharmaceutical Benefits

## ■ COLESTYRAMINE

### colestyramine 4 g powder for oral liquid, 30 sachets

13351Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	3.33	5	..	*222.43	31.60	Cholestyramine-Odan [DZ]

## ■ COLESTYRAMINE

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

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

### Restricted benefit

Primary hypercholesterolaemia

### **Clinical criteria:**

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

### colestyramine 4 g powder for oral liquid, 30 sachets

13347L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	3.33	11	..	*222.43	31.60	Cholestyramine-Odan [DZ]

## ■ FLUOXETINE

### Restricted benefit

Major depressive disorders

### **Clinical criteria:**

- Patient must be receiving this drug under this restriction at a dose of 10 mg; OR
- Patient must be receiving this drug under this restriction where a 10 mg strength is required to administer the total dose.


### Restricted benefit

Obsessive-compulsive disorder

### **Clinical criteria:**

- Patient must be receiving this drug under this restriction at a dose of 10 mg; OR
- Patient must be receiving this drug under this restriction where a 10 mg strength is required to administer the total dose.

### fluoxetine 10 mg capsule, 30

13834D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	58.90	31.60	Fluoxetine Capsules 10 mg (Medreich, UK) [LM]

## ■ SALBUTAMOL

**Note** Pharmaceutical benefits that have a 30 x 2 pack size and a 20 x 3 pack size are equivalent for the purposes of substitution.

### Restricted benefit

Asthma

### **Clinical criteria:**

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

### Restricted benefit

Chronic obstructive pulmonary disease (COPD)

### **Clinical criteria:**


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

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

**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.

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**salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules**

13821K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	3	5	..	*70.44	31.60	<sup>a</sup> pms-SALBUTAMOL [DZ]

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# Highly Specialised Drugs Program (Private Hospital)

## ▪ NATALIZUMAB

**Caution** Progressive multifocal leukoencephalopathy has been reported with this drug.

**Authority required (STREAMLINED)**

**13625**

Clinically definite relapsing-remitting multiple sclerosis

**Treatment criteria:**

- Must be treated by a neurologist.

**Clinical criteria:**

- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support), **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- The condition must be confirmed by magnetic resonance imaging of the brain and/or spinal cord; OR
- Patient must be deemed unsuitable for magnetic resonance imaging due to the risk of physical (not psychological) injury to the patient.

The date of the magnetic resonance imaging scan must be included in the patient's medical notes, unless written certification is provided, in the patient's medical notes, by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient.

Treatment with this drug must cease if there is continuing progression of disability whilst the patient is being treated with this drug.

For continued treatment the patient must demonstrate compliance with, and an ability to tolerate, this drug.

**natalizumab 150 mg/mL injection, 2 x 1 mL syringes**

13820J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	1	5	..	1316.71	Tysabri [BD]

## ▪ NIVOLUMAB + RELATLIMAB

**Caution** Combination treatment with nivolumab and relatlimab is associated with an increased incidence and severity of immune-related adverse reactions compared with nivolumab monotherapy. Monitoring at least prior to each dose is recommended.

**Note** No increase in the maximum amount 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)**

**14815**

Unresectable Stage III or Stage IV malignant melanoma

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 the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Patients must only receive a maximum of 480 mg nivolumab and 160 mg relatlimab every four weeks under a flat dosing regimen.

**nivolumab 240 mg/20 mL + relatlimab 80 mg/20 mL injection, 20 mL vial**

13829W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	11	..	*18244.17	Opdualag [BQ]

## ▪ NIVOLUMAB + RELATLIMAB

**Caution** Combination treatment with nivolumab and relatlimab is associated with an increased incidence and severity of immune-related adverse reactions compared with nivolumab monotherapy. Monitoring at least prior to each dose is recommended.

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**Note** In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later.

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

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

**Note** Special Pricing Arrangements apply.

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**Authority required (STREAMLINED)**

**14812**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be uveal melanoma, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Population criteria:**

- Patient must weigh 40 kg or more, **AND**
- Patient must be at least 12 years of age.

Patients must only receive a maximum of 480 mg nivolumab and 160 mg relatlimab every four weeks under a flat dosing regimen.

**nivolumab 240 mg/20 mL + relatlimab 80 mg/20 mL injection, 20 mL vial**

13826Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	8	..	*18244.17	Opdualag [BQ]

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# Highly Specialised Drugs Program (Public Hospital)

## ▪ NATALIZUMAB

**Caution** Progressive multifocal leukoencephalopathy has been reported with this drug.

**Authority required (STREAMLINED)**

**13718**

Clinically definite relapsing-remitting multiple sclerosis

**Treatment criteria:**

- Must be treated by a neurologist.

**Clinical criteria:**

- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support), **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- The condition must be confirmed by magnetic resonance imaging of the brain and/or spinal cord; OR
- Patient must be deemed unsuitable for magnetic resonance imaging due to the risk of physical (not psychological) injury to the patient.

The date of the magnetic resonance imaging scan must be included in the patient's medical notes, unless written certification is provided, in the patient's medical notes, by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient.

Treatment with this drug must cease if there is continuing progression of disability whilst the patient is being treated with this drug.

For continued treatment the patient must demonstrate compliance with, and an ability to tolerate, this drug.

**natalizumab 150 mg/mL injection, 2 x 1 mL syringes**

13825P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	1	5	..	1268.34	Tysabri [BD]

## ▪ NIVOLUMAB + RELATLIMAB

**Caution** Combination treatment with nivolumab and relatlimab is associated with an increased incidence and severity of immune-related adverse reactions compared with nivolumab monotherapy. Monitoring at least prior to each dose is recommended.

**Note** No increase in the maximum amount 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)**

**14829**

Unresectable Stage III or Stage IV malignant melanoma

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 the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Patients must only receive a maximum of 480 mg nivolumab and 160 mg relatlimab every four weeks under a flat dosing regimen.

**nivolumab 240 mg/20 mL + relatlimab 80 mg/20 mL injection, 20 mL vial**

13817F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	11	..	*18195.80	Opdualag [BQ]

## ▪ NIVOLUMAB + RELATLIMAB

**Caution** Combination treatment with nivolumab and relatlimab is associated with an increased incidence and severity of immune-related adverse reactions compared with nivolumab monotherapy. Monitoring at least prior to each dose is recommended.

**Note** In the first few months after start of immunotherapy, some patients can have a transient tumour flare with subsequent disease response. When progression is suspected, this should be confirmed through a confirmatory scan, taken at least 4 weeks later.

**Note** No increase in the maximum amount 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)**

**14819**

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

**Clinical criteria:**

- Patient must not have received prior treatment with ipilimumab or a PD-1 (programmed cell death-1) inhibitor for the treatment of unresectable Stage III or Stage IV malignant melanoma, **AND**
- Patient must not have experienced disease progression whilst on adjuvant PD-1 inhibitor treatment or disease recurrence within 6 months of completion of adjuvant PD-1 inhibitor treatment if treated for resected Stage IIIB, IIIC, IIID or IV melanoma, **AND**
- Patient must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1, **AND**
- The condition must not be uveal melanoma, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

**Population criteria:**

- Patient must weigh 40 kg or more, **AND**
- Patient must be at least 12 years of age.

Patients must only receive a maximum of 480 mg nivolumab and 160 mg relatlimab every four weeks under a flat dosing regimen.

**nivolumab 240 mg/20 mL + relatlimab 80 mg/20 mL injection, 20 mL vial**

13830X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	2	8	..	*18195.80	Opdualag [BQ]