



Australian Government

**Department of Health
and Aged Care**



Schedule of Pharmaceutical Benefits

Summary of Changes

Effective 1 November 2024



Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 November 2024 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	\$8.67
	Dangerous drug fee	\$5.37
	Extemporaneously-prepared	\$10.71
	Allowable additional patient charge*	\$3.45
Additional Fees (for safety net prices):	Ready-prepared	\$1.45
	Extemporaneously-prepared	\$1.87
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.

Summary of Changes

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 November 2024. 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 – Brand

3453R *Atropine Injection (Bridgewest)*, WZ – **ATROPINE SULFATE**, atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules

Deletions

Deletion – Brand

3453R *Atropine Injection (Pfizer)*, WZ – **ATROPINE SULFATE**, atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules

Alterations

Alteration – Brand Name

From

3489P *Penthrox, DV* – **METHOXYFLURANE**, methoxyflurane 99.9% (999 mg/g) inhalation solution, 3 mL bottle

To

3489P *Penthrox (Combination Pack), DV* – **METHOXYFLURANE**, methoxyflurane 99.9% (999 mg/g) inhalation solution, 3 mL bottle

General Pharmaceutical Benefits

Additions

Addition – Item

14658L **CHLORMETHINE**, chlormethine 0.016% (160 microgram/g) gel, 60 g (*Ledaga*)

14640M **CHORIOGONADOTROPIN ALFA**, choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL syringe (*Ovidrel (USA)*)

14638K **DAPAGLIFLOZIN + SITAGLIPTIN**, dapagliflozin 10 mg + sitagliptin 100 mg tablet, 28 (*Sidapvia 10/100*)

14645T **DAPAGLIFLOZIN + SITAGLIPTIN**, dapagliflozin 10 mg + sitagliptin 100 mg tablet, 28 (*Sidapvia 10/100*)

14648Y **ESTRADIOL**, estradiol 37.5 microgram/24 hours patch, 24 (*Estramon 37.5 (Germany)*)

14660N **ESTRADIOL**, estradiol 50 microgram/24 hours patch, 24 (*Estramon 50 (Germany)*)

14652E **ESTRADIOL**, estradiol 75 microgram/24 hours patch, 24 (*Estramon 75 (Germany)*)

14651D **ESTRADIOL**, estradiol 100 microgram/24 hours patch, 24 (*Estramon 100 (Germany)*)

14642P **ESTRADIOL**, estradiol 0.1% (1 mg/g) gel, 28 x 500 mg sachets (*Sandrena*)

14653F **ESTRADIOL**, estradiol 0.1% (1 mg/g) gel, 28 x 500 mg sachets (*Sandrena*)

14650C **GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS AND LOW PHENYLALANINE**, glycomacropeptide formula with amino acids and low phenylalanine powder for oral liquid, 30 x 12.5 g sachets (*PKU GMPPro MIX-IN*)

14644R **GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS, VITAMINS, MINERALS, TRACE ELEMENTS, CARBOHYDRATE, FAT AND LOW PHENYLALANINE**, glycomacropeptide formula with amino acids, vitamins, minerals, trace elements, carbohydrate, fat and low phenylalanine powder for oral liquid, 30 x 33.4 g sachets (*PKU GMPPro ULTRA*)

14643Q	METHOTREXATE , methotrexate 10 mg tablet, 10 (<i>Methoblastin</i>)
12009C	MORPHINE , morphine sulfate pentahydrate 30 mg tablet, 20 (<i>Anamorph</i>)
12067D	MORPHINE , morphine sulfate pentahydrate 30 mg tablet, 20 (<i>Anamorph</i>)
14654G	MORPHINE , morphine sulfate pentahydrate 30 mg tablet, 20 (<i>Anamorph</i>)
1646P	MORPHINE , morphine sulfate pentahydrate 30 mg tablet, 20 (<i>Anamorph</i>)
5163R	MORPHINE , morphine sulfate pentahydrate 30 mg tablet, 20 (<i>Anamorph</i>)
14641N	ROMOSOZUMAB , romosozumab 105 mg/1.17 mL injection, 2 x 1.17 mL syringes (<i>Evenity</i>)
14649B	TIMOLOL , timolol 0.5% eye drops, 5 mL (<i>Timolol (Brown & Burk, UK)</i>)
14657K	TIMOLOL , timolol 0.5% eye drops, 5 mL (<i>Timolol (Brown & Burk, UK)</i>)

Addition – Brand

1089H	<i>Atropine Injection (Bridgewest)</i> , WZ – ATROPINE SULFATE , atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules
5022H	<i>Atropine Injection (Bridgewest)</i> , WZ – ATROPINE SULFATE , atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules
14313H	<i>CITALOPRAM-WGR</i> , WG – CITALOPRAM , citalopram 10 mg tablet, 28
8702B	<i>CITALOPRAM-WGR</i> , WG – CITALOPRAM , citalopram 10 mg tablet, 28
14490P	<i>CITALOPRAM-WGR</i> , WG – CITALOPRAM , citalopram 20 mg tablet, 28
8220P	<i>CITALOPRAM-WGR</i> , WG – CITALOPRAM , citalopram 20 mg tablet, 28
14518D	<i>CITALOPRAM-WGR</i> , WG – CITALOPRAM , citalopram 40 mg tablet, 28
8703C	<i>CITALOPRAM-WGR</i> , WG – CITALOPRAM , citalopram 40 mg tablet, 28
1475P	<i>FLUCONAZOLE-WGR</i> , WG – FLUCONAZOLE , fluconazole 200 mg capsule, 28
12300J	<i>FULVESTRANT-AFT</i> , AE – FULVESTRANT , fulvestrant 250 mg/5 mL injection, 2 x 5 mL syringes
10916M	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
10917N	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
10921T	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
10925B	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
10933K	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
10935M	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
10939R	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
11756R	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
11763D	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
11764E	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
11771M	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
11772N	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
11779Y	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
11870R	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
12681K	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
12711B	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
12723P	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
12754G	<i>ARX-IMATINIB</i> , XT – IMATINIB , imatinib 400 mg capsule, 30
14501F	<i>APX-PANTOPRAZOLE</i> , TW – PANTOPRAZOLE , pantoprazole 20 mg enteric tablet, 30
8399C	<i>APX-PANTOPRAZOLE</i> , TW – PANTOPRAZOLE , pantoprazole 20 mg enteric tablet, 30
13921Q	<i>ARX-PIOGLITAZONE</i> , XT – PIOGLITAZONE , pioglitazone 30 mg tablet, 28
8695P	<i>ARX-PIOGLITAZONE</i> , XT – PIOGLITAZONE , pioglitazone 30 mg tablet, 28
8456C	<i>QUETIAPINE-WGR</i> , WG – QUETIAPINE , quetiapine 25 mg tablet, 60

8457D QUETIAPINE-WGR, WG – **QUETIAPINE**, quetiapine 100 mg tablet, 90
8458E QUETIAPINE-WGR, WG – **QUETIAPINE**, quetiapine 200 mg tablet, 60
8580N QUETIAPINE-WGR, WG – **QUETIAPINE**, quetiapine 300 mg tablet, 60

Addition – Equivalence Indicator

13300B Ovidrel, SG – **CHORIOGONADOTROPIN ALFA**, choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL pen device
1279H Timoptol, MF – **TIMOLOL**, timolol 0.5% eye drops, 5 mL
5548B Timoptol, MF – **TIMOLOL**, timolol 0.5% eye drops, 5 mL

Addition – Note

13300B **CHORIOGONADOTROPIN ALFA**, choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL pen device (Ovidrel)
1279H **TIMOLOL**, timolol 0.5% eye drops, 5 mL (Timoptol)
5548B **TIMOLOL**, timolol 0.5% eye drops, 5 mL (Timoptol)

Deletions

Deletion – Item

13617Q **NALOXONE**, naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation (Nyxoid (UK))
13621X **NALOXONE**, naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation (Nyxoid (UK))
12785X **RIBAVIRIN**, ribavirin 200 mg tablet, 100 (Ibavyr)

Deletion – Brand

2343H APO-Amiodarone, TX – **AMIODARONE**, amiodarone hydrochloride 200 mg tablet, 30
2417F APO-Amitriptyline 10, TX – **AMITRIPTYLINE**, amitriptyline hydrochloride 10 mg tablet, 50
2418G APO-Amitriptyline 25, TX – **AMITRIPTYLINE**, amitriptyline hydrochloride 25 mg tablet, 50
2429W APO-Amitriptyline 50, TX – **AMITRIPTYLINE**, amitriptyline hydrochloride 50 mg tablet, 50
1081X APO-Atenolol, TX – **ATENOLOL**, atenolol 50 mg tablet, 30
13540P APO-Atenolol, TX – **ATENOLOL**, atenolol 50 mg tablet, 30
1089H Atropine Injection (Pfizer), WZ – **ATROPINE SULFATE**, atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules
5022H Atropine Injection (Pfizer), WZ – **ATROPINE SULFATE**, atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules
13457G APO-Calcitriol, TX – **CALCITRIOL**, calcitriol 0.25 microgram capsule, 100
13457G Kosteo, RW – **CALCITRIOL**, calcitriol 0.25 microgram capsule, 100
2502Q APO-Calcitriol, TX – **CALCITRIOL**, calcitriol 0.25 microgram capsule, 100
2502Q Kosteo, RW – **CALCITRIOL**, calcitriol 0.25 microgram capsule, 100
1208N APX-Ciprofloxacin, TY – **CIPROFLOXACIN**, ciprofloxacin 250 mg tablet, 14
1209P APX-Ciprofloxacin, TY – **CIPROFLOXACIN**, ciprofloxacin 500 mg tablet, 14
1210Q APX-Ciprofloxacin, TY – **CIPROFLOXACIN**, ciprofloxacin 750 mg tablet, 14
3161J APO-Diazepam, TX – **DIAZEPAM**, diazepam 2 mg tablet, 50
5071X APO-Diazepam, TX – **DIAZEPAM**, diazepam 2 mg tablet, 50
3162K APO-Diazepam, TX – **DIAZEPAM**, diazepam 5 mg tablet, 50
5072Y APO-Diazepam, TX – **DIAZEPAM**, diazepam 5 mg tablet, 50
1299J APO-Diclofenac, TX – **DICLOFENAC**, diclofenac sodium 25 mg enteric tablet, 50
5076E APO-Diclofenac, TX – **DICLOFENAC**, diclofenac sodium 25 mg enteric tablet, 50
1300K APO-Diclofenac, TX – **DICLOFENAC**, diclofenac sodium 50 mg enteric tablet, 50
5077F APO-Diclofenac, TX – **DICLOFENAC**, diclofenac sodium 50 mg enteric tablet, 50
13896J APO-Gliclazide, TX – **GLICLAZIDE**, gliclazide 80 mg tablet, 100

13896J	<i>Glyade, AF</i> – GLICLAZIDE , gliclazide 80 mg tablet, 100
2449X	<i>APO-Gliclazide, TX</i> – GLICLAZIDE , gliclazide 80 mg tablet, 100
2449X	<i>Glyade, AF</i> – GLICLAZIDE , gliclazide 80 mg tablet, 100
3190X	<i>MEDICHOICE Ibuprofen 400 mg, NB</i> – IBUPROFEN , ibuprofen 400 mg tablet, 30
3192B	<i>MEDICHOICE Ibuprofen 400 mg, NB</i> – IBUPROFEN , ibuprofen 400 mg tablet, 30
5123P	<i>MEDICHOICE Ibuprofen 400 mg, NB</i> – IBUPROFEN , ibuprofen 400 mg tablet, 30
5124Q	<i>MEDICHOICE Ibuprofen 400 mg, NB</i> – IBUPROFEN , ibuprofen 400 mg tablet, 30
13435D	<i>Karvea, SW</i> – IRBESARTAN , irbesartan 75 mg tablet, 30
8246B	<i>Karvea, SW</i> – IRBESARTAN , irbesartan 75 mg tablet, 30
8196J	<i>APO-Itraconazole, TX</i> – ITRACONAZOLE , itraconazole 100 mg capsule, 60
14408H	<i>Movicol, NE</i> – MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE , macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets
8612G	<i>Movicol, NE</i> – MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE , macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets
13502P	<i>Addos XR 30, RW</i> – NIFEDIPINE , nifedipine 30 mg modified release tablet, 30
1906H	<i>Addos XR 30, RW</i> – NIFEDIPINE , nifedipine 30 mg modified release tablet, 30
13376B	<i>Addos XR 60, RW</i> – NIFEDIPINE , nifedipine 60 mg modified release tablet, 30
1907J	<i>Addos XR 60, RW</i> – NIFEDIPINE , nifedipine 60 mg modified release tablet, 30
13898L	<i>Acpio 15, RF</i> – PIOGLITAZONE , pioglitazone 15 mg tablet, 28
13898L	<i>Actaze, RW</i> – PIOGLITAZONE , pioglitazone 15 mg tablet, 28
8694N	<i>Acpio 15, RF</i> – PIOGLITAZONE , pioglitazone 15 mg tablet, 28
8694N	<i>Actaze, RW</i> – PIOGLITAZONE , pioglitazone 15 mg tablet, 28
13921Q	<i>Acpio 30, RF</i> – PIOGLITAZONE , pioglitazone 30 mg tablet, 28
13921Q	<i>Actaze, RW</i> – PIOGLITAZONE , pioglitazone 30 mg tablet, 28
8695P	<i>Acpio 30, RF</i> – PIOGLITAZONE , pioglitazone 30 mg tablet, 28
8695P	<i>Actaze, RW</i> – PIOGLITAZONE , pioglitazone 30 mg tablet, 28
14057W	<i>Acpio 45, RF</i> – PIOGLITAZONE , pioglitazone 45 mg tablet, 28
14057W	<i>Actaze, RW</i> – PIOGLITAZONE , pioglitazone 45 mg tablet, 28
8696Q	<i>Acpio 45, RF</i> – PIOGLITAZONE , pioglitazone 45 mg tablet, 28
8696Q	<i>Actaze, RW</i> – PIOGLITAZONE , pioglitazone 45 mg tablet, 28
1969P	<i>ACQUIN, RF</i> – QUINAPRIL , quinapril 10 mg tablet, 30
1969P	<i>Accupril, PF</i> – QUINAPRIL , quinapril 10 mg tablet, 30
1970Q	<i>ACQUIN, RF</i> – QUINAPRIL , quinapril 20 mg tablet, 30
1970Q	<i>Accupril, PF</i> – QUINAPRIL , quinapril 20 mg tablet, 30
14393M	<i>APO-Riluzole, TX</i> – RILUZOLE , riluzole 50 mg tablet, 56
8664B	<i>APO-Riluzole, TX</i> – RILUZOLE , riluzole 50 mg tablet, 56
5480K	<i>Valaciclovir generichealth, GQ</i> – VALACICLOVIR , valaciclovir 500 mg tablet, 30
8064K	<i>Valaciclovir generichealth, GQ</i> – VALACICLOVIR , valaciclovir 500 mg tablet, 42
8134D	<i>Valaciclovir generichealth, GQ</i> – VALACICLOVIR , valaciclovir 500 mg tablet, 30

Deletion – Equivalence Indicator

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
13502P	<i>APO-Nifedipine XR, TX</i> – NIFEDIPINE , nifedipine 30 mg modified release tablet, 30

1906H APO-Nifedipine XR, TX – **NIFEDIPINE**, nifedipine 30 mg modified release tablet, 30
13376B APO-Nifedipine XR, TX – **NIFEDIPINE**, nifedipine 60 mg modified release tablet, 30
1907J APO-Nifedipine XR, TX – **NIFEDIPINE**, nifedipine 60 mg modified release tablet, 30
1969P APO-Quinapril, TX – **QUINAPRIL**, quinapril 10 mg tablet, 30
1970Q APO-Quinapril, TX – **QUINAPRIL**, quinapril 20 mg tablet, 30

Deletion – Note

1002R **ACICLOVIR**, aciclovir 3% eye ointment, 4.5 g (*ViruPOS, XOROX*)
2344J **AMIODARONE**, amiodarone hydrochloride 100 mg tablet, 30 (*Aratac 100, Cordarone X 100*)
2343H **AMIODARONE**, amiodarone hydrochloride 200 mg tablet, 30 (*, Amdarone, Amiodarone Sandoz, Aratac 200, Cordarone X 200*)
8736T **AMISULPRIDE**, amisulpride 100 mg/mL oral liquid, 60 mL (*Solian Solution*)
8594H **AMISULPRIDE**, amisulpride 100 mg tablet, 30 (*AMISULPRIDE-WGR, APO-Amisulpride, Amisulpride Sandoz Pharma, Solian 100, Sulprix*)
8595J **AMISULPRIDE**, amisulpride 200 mg tablet, 60 (*AMISULPRIDE-WGR, APO-Amisulpride, Amisulpride Sandoz Pharma, Solian 200, Sulprix*)
8596K **AMISULPRIDE**, amisulpride 400 mg tablet, 60 (*AMISULPRIDE-WGR, APO-Amisulpride, Amipride 400, Amisulpride Sandoz Pharma, Solian 400, Sulprix*)
13858J **ANASTROZOLE**, anastrozole 1 mg tablet, 30 (*ANASTROZOLE-WGR, APO-Anastrozole, Anastrozole GH, Anastrozole Sandoz, Arianna 1*)
8179L **ANASTROZOLE**, anastrozole 1 mg tablet, 30 (*ANASTROZOLE-WGR, APO-Anastrozole, Anastrozole GH, Anastrozole Sandoz, Arianna 1*)
13464P **APIXABAN**, apixaban 2.5 mg tablet, 60 (*Eliquis*)
2744K **APIXABAN**, apixaban 2.5 mg tablet, 60 (*Eliquis*)
5054B **APIXABAN**, apixaban 2.5 mg tablet, 30 (*Eliquis*)
5061J **APIXABAN**, apixaban 2.5 mg tablet, 60 (*Eliquis*)
5500L **APIXABAN**, apixaban 2.5 mg tablet, 20 (*Eliquis*)
10414D **APIXABAN**, apixaban 5 mg tablet, 28 (*Eliquis*)
13525W **APIXABAN**, apixaban 5 mg tablet, 60 (*Eliquis*)
2735Y **APIXABAN**, apixaban 5 mg tablet, 60 (*Eliquis*)
12306Q **APOMORPHINE**, apomorphine hydrochloride hemihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules (*Movapo*)
12142C **APOMORPHINE**, apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL vials (*Apomine Solution for Infusion*)
12319J **APOMORPHINE**, apomorphine hydrochloride hemihydrate 50 mg/10 mL injection, 5 x 10 mL syringes (*Movapo PFS*)
10224D **ARIPIPRAZOLE**, aripiprazole 300 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack (*Abilify Maintena*)
10219W **ARIPIPRAZOLE**, aripiprazole 400 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack (*Abilify Maintena*)
8717T **ARIPIPRAZOLE**, aripiprazole 10 mg tablet, 30 (*APO-Aripiprazole, ARIPIPRAZOLE-WGR, ARIZOLE, Abilify, Abyraz, Aripiprazole GH, Aripiprazole Sandoz*)
8718W **ARIPIPRAZOLE**, aripiprazole 15 mg tablet, 30 (*APO-Aripiprazole, ARIPIPRAZOLE-WGR, ARIZOLE, Abilify, Abyraz, Aripic Aripiprazole, Aripiprazole GH, Aripiprazole Sandoz*)
8719X **ARIPIPRAZOLE**, aripiprazole 20 mg tablet, 30 (*APO-Aripiprazole, ARIPIPRAZOLE-WGR, ARIZOLE, Abilify, Abyraz, Aripic Aripiprazole, Aripiprazole GH, Aripiprazole Sandoz*)
8720Y **ARIPIPRAZOLE**, aripiprazole 30 mg tablet, 30 (*APO-Aripiprazole, ARIPIPRAZOLE-WGR, ARIZOLE, Abilify, Abyraz, Aripic Aripiprazole, Aripiprazole GH, Aripiprazole Sandoz*)
5140M **ASENAPINE**, asenapine 5 mg sublingual wafer, 60 (*Saphris*)
5141N **ASENAPINE**, asenapine 10 mg sublingual wafer, 60 (*Saphris*)
8300W **ATOVAQUONE**, atovaquone 750 mg/5 mL oral liquid, 210 mL (*Wellvone*)

9439T	ATOVAQUONE + PROGUANIL , atovaquone 250 mg + proguanil hydrochloride 100 mg tablet, 12 (<i>AtovaquoPro Lupin 250/100, Malarone</i>)
1089H	ATROPINE SULFATE , atropine sulfate monohydrate 600 microgram/mL injection, 10 x 1 mL ampoules (<i>Atropine Injection (Bridgewest)</i>)
2022K	AURANOFIN , auranofin 3 mg capsule, 60 (<i>Ridaura</i>)
1095P	AURANOFIN , auranofin 3 mg tablet, 60 (<i>Ridaura</i>)
2688L	AZATHIOPRINE , azathioprine 25 mg tablet, 100 (<i>APO-Azathioprine, AZATHIOPRINE-WGR, Azathioprine Sandoz, Imuran, NOUMED AZATHIOPRINE</i>)
2687K	AZATHIOPRINE , azathioprine 50 mg tablet, 100 (<i>APO-Azathioprine, AZATHIOPRINE-WGR, Azapin, Azathioprine Sandoz, Imazan, Imuran, NOUMED AZATHIOPRINE, Thioprine 50</i>)
2694T	BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE , betamethasone acetate 3 mg/mL + betamethasone sodium phosphate 3.9 mg/mL (total betamethasone 5.7 mg/mL) injection, 5 x 1 mL ampoules (<i>Celestone Chronodose</i>)
8094B	BICALUTAMIDE , bicalutamide 50 mg tablet, 28 (<i>APO-Bicalutamide, Bicalox, Calutex, Cosamide 50, Cosudex</i>)
11189X	BREXPIRAZOLE , brexpiprazole 1 mg tablet, 30 (<i>Rexulti</i>)
11188W	BREXPIRAZOLE , brexpiprazole 2 mg tablet, 30 (<i>Rexulti</i>)
11190Y	BREXPIRAZOLE , brexpiprazole 3 mg tablet, 30 (<i>Rexulti</i>)
11184P	BREXPIRAZOLE , brexpiprazole 4 mg tablet, 30 (<i>Rexulti</i>)
8865N	BUPRENORPHINE , buprenorphine 5 microgram/hour patch, 2 (<i>B-Patch, Bupredermal, Buprenorphine Sandoz, Norspan</i>)
8866P	BUPRENORPHINE , buprenorphine 10 microgram/hour patch, 2 (<i>B-Patch, Bupredermal, Buprenorphine Sandoz, Norspan</i>)
10770W	BUPRENORPHINE , buprenorphine 15 microgram/hour patch, 2 (<i>B-Patch, Bupredermal, Buprenorphine Sandoz, Norspan</i>)
8867Q	BUPRENORPHINE , buprenorphine 20 microgram/hour patch, 2 (<i>B-Patch, Bupredermal, Buprenorphine Sandoz, Norspan</i>)
10756D	BUPRENORPHINE , buprenorphine 25 microgram/hour patch, 2 (<i>Bupredermal, Buprenorphine Sandoz, Norspan</i>)
10755C	BUPRENORPHINE , buprenorphine 30 microgram/hour patch, 2 (<i>Bupredermal, Buprenorphine Sandoz, Norspan</i>)
10746N	BUPRENORPHINE , buprenorphine 40 microgram/hour patch, 2 (<i>Bupredermal, Buprenorphine Sandoz, Norspan</i>)
12652X	CARIPRAZINE , cariprazine 1.5 mg capsule, 30 (<i>Reagila</i>)
12619E	CARIPRAZINE , cariprazine 3 mg capsule, 30 (<i>Reagila</i>)
12653Y	CARIPRAZINE , cariprazine 4.5 mg capsule, 30 (<i>Reagila</i>)
12622H	CARIPRAZINE , cariprazine 6 mg capsule, 30 (<i>Reagila</i>)
1797N	CEFAZOLIN , cefazolin 1 g injection, 5 vials (<i>Cefazolin-AFT</i>)
12118T	CEFAZOLIN , cefazolin 2 g injection, 10 vials (<i>Cephazolin Viatris</i>)
8315P	CEFEPIME , cefepime 1 g injection, 1 vial (<i>Cefepime Kabi</i>)
8316Q	CEFEPIME , cefepime 2 g injection, 1 vial (<i>Cefepime Kabi</i>)
1758M	CEFOTAXIME , cefotaxime 1 g injection, 10 vials (<i>DBL Cefotaxime</i>)
1783W	CEFTRIAXONE , ceftriaxone 500 mg injection, 1 vial (<i>Ceftriaxone-AFT</i>)
12114N	CEFTRIAXONE , ceftriaxone 1 g injection, 10 vials (<i>Ceftriaxone Viatris</i>)
11169W	CEFTRIAXONE , ceftriaxone 2 g injection, 5 vials (<i>Ceftriaxone Viatris</i>)
12112L	CEFTRIAXONE , ceftriaxone 2 g injection, 10 vials (<i>Ceftriaxone Viatris</i>)
1195X	CHLORPROMAZINE , chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules (<i>Largactil</i>)
1201F	CHLORPROMAZINE , chlorpromazine hydrochloride 5 mg/mL oral liquid, 100 mL (<i>Largactil</i>)
1197B	CHLORPROMAZINE , chlorpromazine hydrochloride 25 mg tablet, 100 (<i>Largactil</i>)
1199D	CHLORPROMAZINE , chlorpromazine hydrochloride 100 mg tablet, 100 (<i>Largactil</i>)
9157Y	CINACALCET , cinacalcet 30 mg tablet, 28 (<i>Cinacalcet Viatris, Pharmacor Cinacalcet</i>)
9158B	CINACALCET , cinacalcet 60 mg tablet, 28 (<i>Cinacalcet Viatris, Pharmacor Cinacalcet</i>)

9159C **CINACALCET**, cinacalcet 90 mg tablet, 28 (*Cinacalcet Viatrix, Pharmacor Cinacalcet*)

13365K **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28 (*CLOPIDOGREL-WGR, Clovix 75, Plidogrel*)

13399F **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28 (*Blooms Clopidogrel, Clopidogrel Lupin, Clopidogrel Sandoz Pharma, Clopidogrel Winthrop, Iscover, Piax, Plavacor 75*)

8358X **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28 (*Blooms Clopidogrel, Clopidogrel Lupin, Clopidogrel Sandoz Pharma, Clopidogrel Winthrop, Iscover, Piax, Plavacor 75*)

9354H **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28 (*CLOPIDOGREL-WGR, Clovix 75, Plidogrel*)

13427Q **CLOPIDOGREL + ASPIRIN**, clopidogrel 75 mg + aspirin 100 mg tablet, 30 (*APX-Clopidogrel/Aspirin 75/100, Clopidogrel Winthrop plus aspirin, DuoCover, DuoPlidogrel, Piax Plus Aspirin*)

9296G **CLOPIDOGREL + ASPIRIN**, clopidogrel 75 mg + aspirin 100 mg tablet, 30 (*APX-Clopidogrel/Aspirin 75/100, Clopidogrel Winthrop plus aspirin, DuoCover, DuoPlidogrel, Piax Plus Aspirin*)

9318K **DABIGATRAN**, dabigatran etexilate 75 mg capsule, 10 (*Pradaxa*)

9320M **DABIGATRAN**, dabigatran etexilate 75 mg capsule, 60 (*ARX-Dabigatran, Pradaxa*)

9322P **DABIGATRAN**, dabigatran etexilate 75 mg capsule, 10 (*Pradaxa*)

13523R **DABIGATRAN**, dabigatran etexilate 110 mg capsule, 60 (*ARX-Dabigatran, Dabigatran Sandoz, PHARMACOR DABIGATRAN, Pradaxa*)

2753X **DABIGATRAN**, dabigatran etexilate 110 mg capsule, 60 (*ARX-Dabigatran, Dabigatran Sandoz, PHARMACOR DABIGATRAN, Pradaxa*)

9319L **DABIGATRAN**, dabigatran etexilate 110 mg capsule, 10 (*Pradaxa*)

9321N **DABIGATRAN**, dabigatran etexilate 110 mg capsule, 60 (*ARX-Dabigatran, Dabigatran Sandoz, PHARMACOR DABIGATRAN, Pradaxa*)

9323Q **DABIGATRAN**, dabigatran etexilate 110 mg capsule, 10 (*Pradaxa*)

13489Y **DABIGATRAN**, dabigatran etexilate 150 mg capsule, 60 (*ARX-Dabigatran, Dabigatran Sandoz, PHARMACOR DABIGATRAN, Pradaxa*)

2769R **DABIGATRAN**, dabigatran etexilate 150 mg capsule, 60 (*ARX-Dabigatran, Dabigatran Sandoz, PHARMACOR DABIGATRAN, Pradaxa*)

12823X **DAPAGLIFLOZIN**, dapagliflozin 10 mg tablet, 28 (*Forxiga*)

14054Q **DAPAGLIFLOZIN**, dapagliflozin 10 mg tablet, 28 (*Forxiga*)

14073Q **DAPAGLIFLOZIN**, dapagliflozin 10 mg tablet, 28 (*Forxiga*)

8801F **DAPSONE**, dapsone 25 mg tablet, 100 (*Link Medical Products Pty Ltd*)

1272Y **DAPSONE**, dapsone 100 mg tablet, 100 (*Link Medical Products Pty Ltd*)

1292B **DEXAMETHASONE**, dexamethasone 500 microgram tablet, 30 (*Dexamethsone*)

14007F **DEXAMETHASONE**, dexamethasone 500 microgram tablet, 30 (*Dexamethsone*)

2507Y **DEXAMETHASONE**, dexamethasone 4 mg tablet, 30 (*Dexamethsone*)

3164M **DIGOXIN**, digoxin 50 microgram/mL oral liquid, 60 mL (*Lanoxin*)

2605D **DIGOXIN**, digoxin 62.5 microgram tablet, 200 (*Lanoxin-PG, Sigmaxin-PG*)

1322N **DIGOXIN**, digoxin 250 microgram tablet, 100 (*Lanoxin, Sigmaxin*)

2923W **DISOPYRAMIDE**, disopyramide 100 mg capsule, 100 (*Rythmodan*)

13280Y **DISOPYRAMIDE**, disopyramide 100 mg capsule, 84 (*Rythmodan (Canada)*)

12918X **EMPAGLIFLOZIN**, empagliflozin 10 mg tablet, 30 (*Jardiance*)

13695T **EMPAGLIFLOZIN**, empagliflozin 10 mg tablet, 30 (*Jardiance*)

14018T **EMPAGLIFLOZIN**, empagliflozin 10 mg tablet, 30 (*Jardiance*)

13857H **EXEMESTANE**, exemestane 25 mg tablet, 30 (*APO-Exemestane, Aromasin, EXEMESTANE-WGR, Exemestane GH, Exemestane Sandoz*)

8506Q **EXEMESTANE**, exemestane 25 mg tablet, 30 (*APO-Exemestane, Aromasin, EXEMESTANE-WGR, Exemestane GH, Exemestane Sandoz*)

13440J **EZETIMIBE**, ezetimibe 10 mg tablet, 30 (*APO-Ezetimibe, BTC Ezetimibe, EZEMICHOL, EZETIMIBE-WGR, Ezetimibe GH, Ezetimibe Sandoz, Ezetrol, Pharmacor Ezetimibe 10, Zient 10mg*)

8757X	EZETIMIBE , ezetimibe 10 mg tablet, 30 (<i>APO-Ezetimibe, BTC Ezetimibe, EZEMICHOL, EZETIMIBE-WGR, Ezetimibe GH, Ezetimibe Sandoz, Ezetrol, Pharmacor Ezetimibe 10, Zient 10mg</i>)
10201X	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>)
10204C	EZETIMIBE (&) ROSUVASTATIN , ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60 (<i>Ezalo Composite Pack 10mg+5mg, Rosuzet Composite Pack</i>)
10207F	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>)
10208G	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>)
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>)
10392Y	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 10 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/10</i>)
13539N	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 10 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/10</i>)
10393B	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 20 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/20</i>)
13622Y	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 20 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/20</i>)
10377E	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 40 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/40</i>)
13416D	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 40 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/40</i>)
10376D	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 80 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/80</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, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/10, EZETORIN, EzSimva GH 10/10, Pharmacor Ezetimibe Simvastatin 10/10, Vytorin, Zeklen 10/10 mg, Zimybe 10/10</i>)
9483D	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 10 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/10, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/10, EZETORIN, EzSimva GH 10/10, Pharmacor Ezetimibe Simvastatin 10/10, Vytorin, Zeklen 10/10 mg, Zimybe 10/10</i>)
13442L	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 20 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/20, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/20, EZETORIN, EzSimva GH 10/20, Pharmacor Ezetimibe Simvastatin 10/20, Vytorin, Zeklen 10/20 mg, Zimybe 10/20</i>)
9484E	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 20 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/20, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/20, EZETORIN, EzSimva GH 10/20, Pharmacor Ezetimibe Simvastatin 10/20, Vytorin, Zeklen 10/20 mg, Zimybe 10/20</i>)
13535J	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 40 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/40, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/40, EZETORIN, EzSimva GH 10/40, Pharmacor Ezetimibe Simvastatin 10/40, Vytorin, Zeklen 10/40 mg, Zimybe 10/40</i>)
8881K	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 40 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/40, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/40, EZETORIN, EzSimva GH 10/40, Pharmacor Ezetimibe Simvastatin 10/40, Vytorin, Zeklen 10/40 mg, Zimybe 10/40</i>)
13595M	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 80 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/80, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/80, EZETORIN, EzSimva GH 10/80, Pharmacor Ezetimibe Simvastatin 10/80, Vytorin, Zeklen 10/80 mg, Zimybe 10/80</i>)

8882L	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 80 mg tablet, 30 (<i>APO-Ezetimibe/Simvastatin 10/80, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/80, EZETORIN, EzSimva GH 10/80, Pharmacor Ezetimibe Simvastatin 10/80, Vytorin, Zeklen 10/80 mg, Zimybe 10/80</i>)
10445R	FEBUXOSTAT , febuxostat 80 mg tablet, 28 (<i>Adenuric</i>)
13519M	FEBUXOSTAT , febuxostat 80 mg tablet, 28 (<i>Adenuric</i>)
5265D	FENTANYL , fentanyl 12 microgram/hour patch, 5 (<i>Denpax</i>)
5437E	FENTANYL , fentanyl 12 microgram/hour patch, 5 (<i>Fenpatch 12</i>)
8878G	FENTANYL , fentanyl 12 microgram/hour patch, 5 (<i>APO-Fentanyl, Durogesic 12, Fentanyl Sandoz</i>)
5277R	FENTANYL , fentanyl 25 microgram/hour patch, 5 (<i>Denpax</i>)
5438F	FENTANYL , fentanyl 25 microgram/hour patch, 5 (<i>Fenpatch 25</i>)
8891Y	FENTANYL , fentanyl 25 microgram/hour patch, 5 (<i>APO-Fentanyl, Durogesic 25, Fentanyl Sandoz</i>)
5278T	FENTANYL , fentanyl 50 microgram/hour patch, 5 (<i>Denpax</i>)
5279W	FENTANYL , fentanyl 75 microgram/hour patch, 5 (<i>Denpax</i>)
5439G	FENTANYL , fentanyl 50 microgram/hour patch, 5 (<i>Fenpatch 50</i>)
8892B	FENTANYL , fentanyl 50 microgram/hour patch, 5 (<i>APO-Fentanyl, Durogesic 50, Fentanyl Sandoz</i>)
5280X	FENTANYL , fentanyl 100 microgram/hour patch, 5 (<i>Denpax</i>)
5440H	FENTANYL , fentanyl 75 microgram/hour patch, 5 (<i>Fenpatch 75</i>)
8893C	FENTANYL , fentanyl 75 microgram/hour patch, 5 (<i>APO-Fentanyl, Durogesic 75, Fentanyl Sandoz</i>)
5441J	FENTANYL , fentanyl 100 microgram/hour patch, 5 (<i>Fenpatch 100</i>)
8894D	FENTANYL , fentanyl 100 microgram/hour patch, 5 (<i>APO-Fentanyl, Durogesic 100, Fentanyl Sandoz</i>)
1088G	FLECAINIDE , flecainide acetate 50 mg tablet, 60 (<i>APO-Flecainide, Flecainide Sandoz, Flecatap, Tambocor</i>)
1090J	FLECAINIDE , flecainide acetate 100 mg tablet, 60 (<i>APO-Flecainide, Flecainide Sandoz, Flecatap, Tambocor</i>)
1471K	FLUCONAZOLE , fluconazole 50 mg capsule, 28 (<i>Diflucan, Dizole 50, Fluconazole Sandoz, Ozole</i>)
1472L	FLUCONAZOLE , fluconazole 100 mg capsule, 28 (<i>Diflucan, Dizole 100, Fluconazole Sandoz, Ozole</i>)
1475P	FLUCONAZOLE , fluconazole 200 mg capsule, 28 (<i>APO-Fluconazole, Diflucan, Dizole 200, FLUCONAZOLE-WGR, Fluconazole APOTEX, Fluconazole Sandoz, Fluzole 200, Ozole</i>)
5446P	FLUCONAZOLE , fluconazole 50 mg/5 mL powder for oral liquid, 35 mL (<i>Diflucan</i>)
2255Q	FLUPENTIXOL DECANOATE , flupentixol decanoate 20 mg/mL injection, 5 x 1 mL ampoules (<i>Fluanxol Depot</i>)
2257T	FLUPENTIXOL DECANOATE , flupentixol decanoate 100 mg/mL injection, 5 x 1 mL ampoules (<i>Fluanxol Concentrated Depot</i>)
1417N	FLUTAMIDE , flutamide 250 mg tablet, 100 (<i>Flutamin</i>)
8775W	FONDAPARINUX , fondaparinux sodium 2.5 mg/0.5 mL injection, 2 x 0.5 mL syringes (<i>Arixtra</i>)
2768Q	HALOPERIDOL , haloperidol 5 mg/mL injection, 10 x 1 mL ampoules (<i>Serenace</i>)
2763K	HALOPERIDOL , haloperidol 2 mg/mL oral liquid, 100 mL (<i>Serenace</i>)
2761H	HALOPERIDOL , haloperidol 500 microgram tablet, 100 (<i>Serenace</i>)
2767P	HALOPERIDOL , haloperidol 1.5 mg tablet, 100 (<i>Serenace</i>)
2770T	HALOPERIDOL , haloperidol 5 mg tablet, 50 (<i>Serenace</i>)
2765M	HALOPERIDOL DECANOATE , haloperidol (as decanoate) 50 mg/mL injection, 5 x 1 mL ampoules (<i>Haldol decanoate</i>)
2766N	HALOPERIDOL DECANOATE , haloperidol (as decanoate) 150 mg/3 mL injection, 5 x 3 mL ampoules (<i>Haldol decanoate</i>)
1512N	HYDROXYCHLOROQUINE , hydroxychloroquine sulfate 200 mg tablet, 100 (<i>APO- Hydroxychloroquine, Hequinel, Hydroxychloroquine GH, Plaquenil</i>)
1554T	ISONIAZID , isoniazid 100 mg tablet, 100 (<i>Arrow Pharma Pty Ltd</i>)
14060B	LANTHANUM , lanthanum 500 mg chewable tablet, 2 x 45 (<i>Fosrenol</i>)
9403X	LANTHANUM , lanthanum 500 mg chewable tablet, 2 x 45 (<i>Fosrenol</i>)
13986D	LANTHANUM , lanthanum 750 mg chewable tablet, 6 x 15 (<i>Fosrenol</i>)

9404Y	LANTHANUM , lanthanum 750 mg chewable tablet, 6 x 15 (<i>Fosrenol</i>)
13874F	LANTHANUM , lanthanum 1 g chewable tablet, 6 x 15 (<i>Fosrenol</i>)
9405B	LANTHANUM , lanthanum 1 g chewable tablet, 6 x 15 (<i>Fosrenol</i>)
13939P	LETROZOLE , letrozole 2.5 mg tablet, 30 (<i>ARX-LETROZOLE, Femara 2.5 mg, Femolet, Gynotril, LETROZOLE-WGR, Letrozole APOTEX, Letrozole GH, Letrozole Sandoz, Pharmacor Letrozole 2.5</i>)
8245Y	LETROZOLE , letrozole 2.5 mg tablet, 30 (<i>ARX-LETROZOLE, Femara 2.5 mg, Femolet, Gynotril, LETROZOLE-WGR, Letrozole APOTEX, Letrozole GH, Letrozole Sandoz, Pharmacor Letrozole 2.5</i>)
11919H	LEVODOPA + CARBIDOPA , levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL (<i>Duodopa</i>)
8970D	LEVODOPA + CARBIDOPA , levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL (<i>Duodopa</i>)
2876J	LIDOCAINE , lidocaine hydrochloride 10% (500 mg/5 mL) injection, 10 x 5 mL ampoules (<i>Xylocard 500</i>)
10526B	LURASIDONE , lurasidone hydrochloride 40 mg tablet, 30 (<i>APO-Lurasidone, LURASIDONE SUN, LURASIDONE-WGR, Latuda, Lavione, Lurasidone Lupin, Lurasidone Sandoz, Pharmacor Lurasidone</i>)
10529E	LURASIDONE , lurasidone hydrochloride 80 mg tablet, 30 (<i>APO-Lurasidone, LURASIDONE SUN, LURASIDONE-WGR, Latuda, Lavione, Lurasidone Lupin, Lurasidone Sandoz, Pharmacor Lurasidone</i>)
14202L	METHADONE , methadone hydrochloride 10 mg/mL injection, 5 x 1 mL vials (<i>Physeptone</i>)
1609Q	METHADONE , methadone hydrochloride 10 mg tablet, 20 (<i>Physeptone</i>)
8349K	MORPHINE , morphine sulfate pentahydrate 10 mg modified release capsule, 28 (<i>Kapanol</i>)
2839K	MORPHINE , morphine sulfate pentahydrate 20 mg modified release capsule, 28 (<i>Kapanol</i>)
8491X	MORPHINE , morphine sulfate pentahydrate 30 mg modified release capsule, 14 (<i>MS Mono</i>)
2840L	MORPHINE , morphine sulfate pentahydrate 50 mg modified release capsule, 28 (<i>Kapanol</i>)
8492Y	MORPHINE , morphine sulfate pentahydrate 60 mg modified release capsule, 14 (<i>MS Mono</i>)
8493B	MORPHINE , morphine sulfate pentahydrate 90 mg modified release capsule, 14 (<i>MS Mono</i>)
2841M	MORPHINE , morphine sulfate pentahydrate 100 mg modified release capsule, 28 (<i>Kapanol</i>)
8494C	MORPHINE , morphine sulfate pentahydrate 120 mg modified release capsule, 14 (<i>MS Mono</i>)
8035X	MORPHINE , morphine sulfate pentahydrate 5 mg modified release tablet, 28 (<i>MS Contin</i>)
1653B	MORPHINE , morphine sulfate pentahydrate 10 mg modified release tablet, 28 (<i>MORPHINE MR APOTEX, MS Contin, Morphine MR Mylan</i>)
8489T	MORPHINE , morphine sulfate pentahydrate 15 mg modified release tablet, 28 (<i>MS Contin</i>)
1654C	MORPHINE , morphine sulfate pentahydrate 30 mg modified release tablet, 28 (<i>MORPHINE MR APOTEX, MS Contin, Morphine MR Mylan</i>)
1655D	MORPHINE , morphine sulfate pentahydrate 60 mg modified release tablet, 28 (<i>MORPHINE MR APOTEX, MS Contin, Morphine MR Mylan</i>)
1656E	MORPHINE , morphine sulfate pentahydrate 100 mg modified release tablet, 28 (<i>MORPHINE MR APOTEX, MS Contin, Morphine MR Mylan</i>)
12055L	MORPHINE , morphine sulfate pentahydrate 200 mg modified release tablet, 28 (<i>MS Contin</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>)
13550E	NICORANDIL , nicorandil 10 mg tablet, 60 (<i>APO-Nicorandil, Ikotab</i>)
8228C	NICORANDIL , nicorandil 10 mg tablet, 60 (<i>APO-Nicorandil, Ikotab</i>)
13551F	NICORANDIL , nicorandil 20 mg tablet, 60 (<i>APO-Nicorandil, Ikotab</i>)
8229D	NICORANDIL , nicorandil 20 mg tablet, 60 (<i>APO-Nicorandil, Ikotab</i>)
9294E	OLANZAPINE , olanzapine 210 mg modified release injection [1 vial] (& inert substance diluent [3 mL vial], 1 pack (<i>Zyprexa Relprevv</i>)
9295F	OLANZAPINE , olanzapine 300 mg modified release injection [1 vial] (& inert substance diluent [3 mL vial], 1 pack (<i>Zyprexa Relprevv</i>)
9303P	OLANZAPINE , olanzapine 405 mg modified release injection [1 vial] (& inert substance diluent [3 mL vial], 1 pack (<i>Zyprexa Relprevv</i>)

8170B	OLANZAPINE , olanzapine 2.5 mg tablet, 28 (<i>APO-OLANZAPINE, Olanzapine APOTEX, Olanzapine RBX, Olanzapine Sandoz, Ozin 2.5, PRYZEX, Zypine, Zyprexa</i>)
3381Y	OLANZAPINE , olanzapine 5 mg orally disintegrating tablet, 28 (<i>APO-Olanzapine ODT, OLANZAPINE ODT-WGR, Olanzapine Sandoz ODT 5, PRYZEX ODT, Zypine ODT</i>)
8185T	OLANZAPINE , olanzapine 5 mg tablet, 28 (<i>APO-OLANZAPINE, Olanzapine APOTEX, Olanzapine RBX, Olanzapine Sandoz, Ozin 5, PRYZEX, Zypine, Zyprexa</i>)
8186W	OLANZAPINE , olanzapine 7.5 mg tablet, 28 (<i>APO-OLANZAPINE, Olanzapine APOTEX, Olanzapine RBX, Olanzapine Sandoz, Ozin 7.5, PRYZEX, Zypine, Zyprexa</i>)
3382B	OLANZAPINE , olanzapine 10 mg orally disintegrating tablet, 28 (<i>APO-Olanzapine ODT, OLANZAPINE ODT-WGR, Olanzapine ODT generichealth 10, Olanzapine Sandoz ODT 10, PRYZEX ODT, Zypine ODT</i>)
8187X	OLANZAPINE , olanzapine 10 mg tablet, 28 (<i>APO-OLANZAPINE, Olanzapine APOTEX, Olanzapine RBX, Olanzapine Sandoz, Ozin 10, PRYZEX, Zypine, Zyprexa</i>)
3384D	OLANZAPINE , olanzapine 15 mg orally disintegrating tablet, 28 (<i>APO-Olanzapine ODT, OLANZAPINE ODT-WGR, Olanzapine Sandoz ODT 15, PRYZEX ODT, Zypine ODT</i>)
3385E	OLANZAPINE , olanzapine 20 mg orally disintegrating tablet, 28 (<i>APO-Olanzapine ODT, OLANZAPINE ODT-WGR, Olanzapine Sandoz ODT 20, PRYZEX ODT, Zypine ODT</i>)
8433W	OLANZAPINE , olanzapine 5 mg wafer, 28 (<i>Zyprexa Zydis</i>)
8434X	OLANZAPINE , olanzapine 10 mg wafer, 28 (<i>Zyprexa Zydis</i>)
8952E	OLANZAPINE , olanzapine 15 mg wafer, 28 (<i>Zyprexa Zydis</i>)
8953F	OLANZAPINE , olanzapine 20 mg wafer, 28 (<i>Zyprexa Zydis</i>)
8385H	OXYCODONE , oxycodone hydrochloride 10 mg modified release tablet, 28 (<i>OxyContin, Oxycodone Sandoz</i>)
9399Q	OXYCODONE , oxycodone hydrochloride 15 mg modified release tablet, 28 (<i>OxyContin</i>)
8386J	OXYCODONE , oxycodone hydrochloride 20 mg modified release tablet, 28 (<i>OxyContin, Oxycodone Sandoz</i>)
9400R	OXYCODONE , oxycodone hydrochloride 30 mg modified release tablet, 28 (<i>OxyContin</i>)
8387K	OXYCODONE , oxycodone hydrochloride 40 mg modified release tablet, 28 (<i>OxyContin, Oxycodone Sandoz</i>)
8388L	OXYCODONE , oxycodone hydrochloride 80 mg modified release tablet, 28 (<i>OxyContin, Oxycodone Sandoz</i>)
10776E	OXYCODONE + NALOXONE , oxycodone hydrochloride 2.5 mg + naloxone hydrochloride 1.25 mg modified release tablet, 28 (<i>Targin 2.5/1.25 mg</i>)
8000C	OXYCODONE + NALOXONE , oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28 (<i>Targin 5/2.5mg</i>)
8934F	OXYCODONE + NALOXONE , oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28 (<i>Targin 10/5mg</i>)
10757E	OXYCODONE + NALOXONE , oxycodone hydrochloride 15 mg + naloxone hydrochloride 7.5 mg modified release tablet, 28 (<i>Targin 15/7.5mg</i>)
8935G	OXYCODONE + NALOXONE , oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28 (<i>Targin 20/10mg</i>)
10758F	OXYCODONE + NALOXONE , oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28 (<i>Targin 30/15 mg</i>)
8936H	OXYCODONE + NALOXONE , oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28 (<i>Targin 40/20mg</i>)
11102H	OXYCODONE + NALOXONE , oxycodone hydrochloride 60 mg + naloxone hydrochloride 30 mg modified release tablet, 28 (<i>Targin 60/30</i>)
11111T	OXYCODONE + NALOXONE , oxycodone hydrochloride 80 mg + naloxone hydrochloride 40 mg modified release tablet, 28 (<i>Targin 80/40</i>)
5100K	PALIPERIDONE , paliperidone 25 mg modified release injection, 1 syringe (<i>Invega Sustenna</i>)
5102M	PALIPERIDONE , paliperidone 50 mg modified release injection, 1 syringe (<i>Invega Sustenna</i>)
5103N	PALIPERIDONE , paliperidone 75 mg modified release injection, 1 syringe (<i>Invega Sustenna</i>)
5107T	PALIPERIDONE , paliperidone 100 mg modified release injection, 1 syringe (<i>Invega Sustenna</i>)
5109X	PALIPERIDONE , paliperidone 150 mg modified release injection, 1 syringe (<i>Invega Sustenna</i>)
11085K	PALIPERIDONE , paliperidone 175 mg/0.875 mL modified release injection, 0.875 mL syringe (<i>Invega Trinza</i>)

11072R	PALIPERIDONE , paliperidone 263 mg/1.315 mL modified release injection, 1.315 mL syringe (<i>Invega Trinza</i>)
11094X	PALIPERIDONE , paliperidone 350 mg/1.75 mL modified release injection, 1.75 mL syringe (<i>Invega Trinza</i>)
11066K	PALIPERIDONE , paliperidone 525 mg/2.625 mL modified release injection, 2.625 mL syringe (<i>Invega Trinza</i>)
13053B	PALIPERIDONE , paliperidone 700 mg/3.5 mL modified release injection, 3.5 mL syringe (<i>Invega Hafyera</i>)
13046P	PALIPERIDONE , paliperidone 1 g/5 mL modified release injection, 5 mL syringe (<i>Invega Hafyera</i>)
9140C	PALIPERIDONE , paliperidone 3 mg modified release tablet, 28 (<i>Invega</i>)
9141D	PALIPERIDONE , paliperidone 6 mg modified release tablet, 28 (<i>Invega</i>)
9142E	PALIPERIDONE , paliperidone 9 mg modified release tablet, 28 (<i>Invega</i>)
13458H	PENICILLAMINE , penicillamine 125 mg tablet, 100 (<i>D-Penamamine</i>)
2721F	PENICILLAMINE , penicillamine 125 mg tablet, 100 (<i>D-Penamamine</i>)
13425N	PENICILLAMINE , penicillamine 250 mg tablet, 100 (<i>D-Penamamine</i>)
2838J	PENICILLAMINE , penicillamine 250 mg tablet, 100 (<i>D-Penamamine</i>)
1822X	PERHEXILINE , perhexiline maleate 100 mg tablet, 100 (<i>Pexsig</i>)
3052P	PERICIAZINE , periciazine 2.5 mg tablet, 100 (<i>Neulactil</i>)
3053Q	PERICIAZINE , periciazine 10 mg tablet, 100 (<i>Neulactil</i>)
10460M	POSACONAZOLE , posaconazole 100 mg modified release tablet, 24 (<i>POSACONAZOLE DR.REDDY'S, POSACONAZOLE-WGR, Pharmacor Posaconazole, Posaconazole ARX, Posaconazole Juno, Posaconazole Sandoz</i>)
8456C	QUETIAPINE , quetiapine 25 mg tablet, 60 (<i>APX-QUETIAPINE, Blooms The Chemist Quetiapine, Kaptan, Pharmacor Quetiapine 25, QUETIAPINE-WGR, Quetia 25, Quetiapine APOTEX, Quetiapine RBX, Quetiapine Sandoz Pharma, Seroquel, Syquet</i>)
9202H	QUETIAPINE , quetiapine 50 mg modified release tablet, 60 (<i>APX-Quetiapine XR, QUETIAPINE-AS XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR</i>)
8457D	QUETIAPINE , quetiapine 100 mg tablet, 90 (<i>APX-QUETIAPINE, Blooms The Chemist Quetiapine, Kaptan, Pharmacor Quetiapine 100, QUETIAPINE-WGR, Quetia 100, Quetiapine APOTEX, Quetiapine RBX, Quetiapine Sandoz Pharma, Seroquel, Syquet</i>)
5458G	QUETIAPINE , quetiapine 150 mg modified release tablet, 60 (<i>APX-Quetiapine XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR</i>)
8458E	QUETIAPINE , quetiapine 200 mg tablet, 60 (<i>APX-QUETIAPINE, Blooms The Chemist Quetiapine, Kaptan, Pharmacor Quetiapine 200, QUETIAPINE-WGR, Quetia 200, Quetiapine APOTEX, Quetiapine RBX, Quetiapine Sandoz Pharma, Seroquel, Syquet</i>)
9203J	QUETIAPINE , quetiapine 200 mg modified release tablet, 60 (<i>APX-Quetiapine XR, QUETIAPINE-AS XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR</i>)
8580N	QUETIAPINE , quetiapine 300 mg tablet, 60 (<i>APX-QUETIAPINE, Blooms The Chemist Quetiapine, Kaptan, Pharmacor Quetiapine 300, QUETIAPINE-WGR, Quetia 300, Quetiapine APOTEX, Quetiapine RBX, Quetiapine Sandoz Pharma, Seroquel, Syquet</i>)
9204K	QUETIAPINE , quetiapine 300 mg modified release tablet, 60 (<i>APX-Quetiapine XR, QUETIAPINE-AS XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR</i>)
9205L	QUETIAPINE , quetiapine 400 mg modified release tablet, 60 (<i>APX-Quetiapine XR, QUETIAPINE-AS XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR</i>)
12190N	RIFAMPICIN , rifampicin 150 mg capsule, 100 (<i>Rimycin 150</i>)
12200D	RIFAMPICIN , rifampicin 150 mg capsule, 10 (<i>Rimycin 150</i>)
1981G	RIFAMPICIN , rifampicin 150 mg capsule, 10 (<i>Rimycin 150</i>)
1982H	RIFAMPICIN , rifampicin 150 mg capsule, 100 (<i>Rimycin 150</i>)
12189M	RIFAMPICIN , rifampicin 300 mg capsule, 10 (<i>Rimycin 300</i>)
12215X	RIFAMPICIN , rifampicin 300 mg capsule, 100 (<i>Rimycin 300</i>)
1983J	RIFAMPICIN , rifampicin 300 mg capsule, 100 (<i>Rimycin 300</i>)
1984K	RIFAMPICIN , rifampicin 300 mg capsule, 10 (<i>Rimycin 300</i>)
8025J	RIFAMPICIN , rifampicin 100 mg/5 mL oral liquid, 60 mL (<i>Rifadin</i>)
8780D	RISPERIDONE , risperidone 25 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1

	pack (<i>Risperdal Consta</i>)
8781E	RISPERIDONE , risperidone 37.5 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack (<i>Risperdal Consta</i>)
8782F	RISPERIDONE , risperidone 50 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack (<i>Risperdal Consta</i>)
11874Y	RISPERIDONE , risperidone 1 mg/mL oral liquid, 100 mL (<i>Risperdal, Risperidone Lupin, Rixadone</i>)
11882J	RISPERIDONE , risperidone 1 mg/mL oral liquid, 100 mL (<i>Risperdal, Risperidone Lupin, Rixadone</i>)
8100H	RISPERIDONE , risperidone 1 mg/mL oral liquid, 100 mL (<i>Risperdal, Risperidone Lupin, Rixadone</i>)
9293D	RISPERIDONE , risperidone 1 mg/mL oral liquid, 100 mL (<i>Risperdal, Risperidone Lupin, Rixadone</i>)
11869Q	RISPERIDONE , risperidone 500 microgram tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperidone Sandoz, Rispernia, Rixadone</i>)
11872W	RISPERIDONE , risperidone 500 microgram tablet, 20 (<i>Risperdal</i>)
11873X	RISPERIDONE , risperidone 500 microgram tablet, 20 (<i>Risperdal</i>)
11881H	RISPERIDONE , risperidone 500 microgram tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperidone Sandoz, Rispernia, Rixadone</i>)
1842Y	RISPERIDONE , risperidone 500 microgram tablet, 20 (<i>Risperdal</i>)
1846E	RISPERIDONE , risperidone 500 microgram tablet, 20 (<i>Risperdal</i>)
8787L	RISPERIDONE , risperidone 500 microgram tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperidone Sandoz, Rispernia, Rixadone</i>)
8869T	RISPERIDONE , risperidone 500 microgram tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperidone Sandoz, Rispernia, Rixadone</i>)
11877D	RISPERIDONE , risperidone 1 mg tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone</i>)
11879F	RISPERIDONE , risperidone 1 mg tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone</i>)
3169T	RISPERIDONE , risperidone 1 mg tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone</i>)
8789N	RISPERIDONE , risperidone 1 mg tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone</i>)
3170W	RISPERIDONE , risperidone 2 mg tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone</i>)
9079W	RISPERIDONE , risperidone 2 mg tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone</i>)
3171X	RISPERIDONE , risperidone 3 mg tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone</i>)
3172Y	RISPERIDONE , risperidone 4 mg tablet, 60 (<i>APO-Risperidone, NOUMED RISPERIDONE, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone</i>)
12192Q	RIVAROXABAN , rivaroxaban 2.5 mg tablet, 60 (<i>Rivaroxaban-Teva, Xarelto</i>)
13366L	RIVAROXABAN , rivaroxaban 2.5 mg tablet, 60 (<i>Rivaroxaban-Teva, Xarelto</i>)
11633G	RIVAROXABAN , rivaroxaban 10 mg tablet, 30 (<i>Rivaroxaban-Teva, Xarelto, iXarola</i>)
13521P	RIVAROXABAN , rivaroxaban 10 mg tablet, 30 (<i>Rivaroxaban-Teva, Xarelto, iXarola</i>)
9466F	RIVAROXABAN , rivaroxaban 10 mg tablet, 15 (<i>Xarelto</i>)
9467G	RIVAROXABAN , rivaroxaban 10 mg tablet, 30 (<i>Rivaroxaban-Teva, Xarelto, iXarola</i>)
9469J	RIVAROXABAN , rivaroxaban 10 mg tablet, 15 (<i>Xarelto</i>)
13463N	RIVAROXABAN , rivaroxaban 15 mg tablet, 28 (<i>Rivaroxaban-Teva, Xarelto, iXarola</i>)
2160Q	RIVAROXABAN , rivaroxaban 15 mg tablet, 42 (<i>Rivaroxaban-Teva, Xarelto</i>)
2691P	RIVAROXABAN , rivaroxaban 15 mg tablet, 28 (<i>Rivaroxaban-Teva, Xarelto, iXarola</i>)
13462M	RIVAROXABAN , rivaroxaban 20 mg tablet, 28 (<i>Rivaroxaban-Teva, Xarelto, iXarola</i>)
2268J	RIVAROXABAN , rivaroxaban 20 mg tablet, 28 (<i>Rivaroxaban-Teva, Xarelto, iXarola</i>)
11856B	SEVELAMER , sevelamer carbonate 800 mg tablet, 180 (<i>ARX-SEVELAMER, Sevelamer Apotex, Sevelamer Lupin</i>)

13934J	SEVELAMER , sevelamer hydrochloride 800 mg tablet, 180 (<i>Renagel</i>)
14027G	SEVELAMER , sevelamer carbonate 800 mg tablet, 180 (<i>ARX-SEVELAMER, Sevelamer Apotex, Sevelamer Lupin</i>)
2142R	SEVELAMER , sevelamer hydrochloride 800 mg tablet, 180 (<i>Renagel</i>)
8398B	SOTALOL , sotalol hydrochloride 80 mg tablet, 60 (<i>APX-Sotalol, Cardol, SOTALOL-WGR, Solavert, Sotacor, Sotalol Sandoz</i>)
2043M	SOTALOL , sotalol hydrochloride 160 mg tablet, 60 (<i>APX-Sotalol, Cardol, SOTALOL-WGR, Solavert, Sotacor, Sotalol Sandoz</i>)
10250L	SUCROFERRIC OXYHYDROXIDE , sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90 (<i>Velphoro</i>)
13985C	SUCROFERRIC OXYHYDROXIDE , sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90 (<i>Velphoro</i>)
13960R	TAMOXIFEN , tamoxifen 20 mg tablet, 30 (<i>Nolvadex-D</i>)
13997Q	TAMOXIFEN , tamoxifen 20 mg tablet, 60 (<i>GenRx Tamoxifen, Genox 20, Tamosin, Tamoxifen Sandoz</i>)
1880Y	TAMOXIFEN , tamoxifen 20 mg tablet, 30 (<i>Nolvadex-D</i>)
2110C	TAMOXIFEN , tamoxifen 20 mg tablet, 60 (<i>GenRx Tamoxifen, Genox 20, Tamosin, Tamoxifen Sandoz</i>)
10096J	TAPENTADOL , tapentadol 50 mg modified release tablet, 28 (<i>Palexia SR</i>)
10094G	TAPENTADOL , tapentadol 100 mg modified release tablet, 28 (<i>Palexia SR</i>)
10100N	TAPENTADOL , tapentadol 150 mg modified release tablet, 28 (<i>Palexia SR</i>)
10091D	TAPENTADOL , tapentadol 200 mg modified release tablet, 28 (<i>Palexia SR</i>)
10092E	TAPENTADOL , tapentadol 250 mg modified release tablet, 28 (<i>Palexia SR</i>)
8526R	TENECTEPLASE , tenecteplase 40 mg injection [1 vial] (& inert substance diluent [8 mL syringe], 1 pack (<i>Metalyse</i>)
8527T	TENECTEPLASE , tenecteplase 50 mg injection [1 vial] (& inert substance diluent [10 mL syringe], 1 pack (<i>Metalyse</i>)
13128Y	TENECTEPLASE , tenecteplase 50 mg injection [1 vial] (& inert substance diluent [10 mL syringe], 1 pack (<i>TNKase (Canada) Medsurge Healthcare Pty Ltd, TNKase (Canada)</i>)
13524T	TICAGRELOR , ticagrelor 90 mg tablet, 56 (<i>Brilinta</i>)
1418P	TICAGRELOR , ticagrelor 90 mg tablet, 56 (<i>Brilinta</i>)
8350L	TIROFIBAN , tirofiban 12.5 mg/50 mL injection, 50 mL vial (<i>Aggrastat, Tirofiban Juno</i>)
2527B	TRAMADOL , tramadol hydrochloride 50 mg modified release tablet, 20 (<i>Tramal SR 50</i>)
8523N	TRAMADOL , tramadol hydrochloride 100 mg modified release tablet, 20 (<i>APO-Tramadol SR, TRAMADOL-WGR SR, Tramadol SR generichealth, Tramadol Sandoz SR, Tramal SR 100, Tramedo SR, Zydol SR 100</i>)
8524P	TRAMADOL , tramadol hydrochloride 150 mg modified release tablet, 20 (<i>APO-Tramadol SR, TRAMADOL-WGR SR, Tramadol SR generichealth, Tramadol Sandoz SR, Tramal SR 150, Tramedo SR, Zydol SR 150</i>)
8525Q	TRAMADOL , tramadol hydrochloride 200 mg modified release tablet, 20 (<i>APO-Tramadol SR, TRAMADOL-WGR SR, Tramadol SR generichealth, Tramadol Sandoz SR, Tramal SR 200, Tramedo SR, Zydol SR 200</i>)
2180R	TRANEXAMIC ACID , tranexamic acid 500 mg tablet, 100 (<i>APO-Tranexamic Acid, Cyklokapron, Tranexamic Acid Lupin</i>)
2990J	TRIAMCINOLONE , triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules (<i>Kenacort-A10</i>)
10168E	VORICONAZOLE , voriconazole 40 mg/mL powder for oral liquid, 70 mL (<i>Vfend</i>)
9452L	VORICONAZOLE , voriconazole 40 mg/mL powder for oral liquid, 70 mL (<i>Vfend</i>)
10173K	VORICONAZOLE , voriconazole 50 mg tablet, 56 (<i>Voriconazole Sandoz, Vttack, Vzole</i>)
9363T	VORICONAZOLE , voriconazole 50 mg tablet, 56 (<i>Voriconazole Sandoz, Vttack, Vzole</i>)
10198R	VORICONAZOLE , voriconazole 200 mg tablet, 56 (<i>Voriconazole Sandoz, Vttack, Vzole</i>)
9364W	VORICONAZOLE , voriconazole 200 mg tablet, 56 (<i>Voriconazole Sandoz, Vttack, Vzole</i>)
9070J	ZIPRASIDONE , ziprasidone 20 mg capsule, 60 (<i>ZIPROX, Zeldox, Ziprasidone GH</i>)
9071K	ZIPRASIDONE , ziprasidone 40 mg capsule, 60 (<i>ZIPROX, Zeldox, Ziprasidone GH</i>)
9072L	ZIPRASIDONE , ziprasidone 60 mg capsule, 60 (<i>ZIPROX, Zeldox, Ziprasidone GH</i>)
9073M	ZIPRASIDONE , ziprasidone 80 mg capsule, 60 (<i>ZIPROX, Zeldox, Ziprasidone GH</i>)

8097E **ZUCLOPENTHIXOL DECANOATE**, zuclopenthixol decanoate 200 mg/mL injection, 5 x 1 mL ampoules (*Clopixol Depot*)

Alterations

Alteration – Note

12133N **APOMORPHINE**, apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges (*Apomine Intermittent*)

12137T **APOMORPHINE**, apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices (*Movapo Pen*)

8761D **ESTRADIOL**, estradiol 25 microgram/24 hours patch, 8 (*Estradot 25*)

8762E **ESTRADIOL**, estradiol 37.5 microgram/24 hours patch, 8 (*Estradiol Transdermal System (Sandoz, USA), Estradot 37.5*)

8311K **ESTRADIOL**, estradiol 25 microgram/24 hours patch, 8 (*Estraderm MX 25*)

8763F **ESTRADIOL**, estradiol 50 microgram/24 hours patch, 8 (*Estradot 50*)

8764G **ESTRADIOL**, estradiol 75 microgram/24 hours patch, 8 (*Estradiol Transdermal System (Sandoz, USA), Estradot 75*)

8140K **ESTRADIOL**, estradiol 50 microgram/24 hours patch, 8 (*Estraderm MX 50*)

8765H **ESTRADIOL**, estradiol 100 microgram/24 hours patch, 8 (*Estradiol Transdermal System (Sandoz, USA), Estradot 100*)

8312L **ESTRADIOL**, estradiol 100 microgram/24 hours patch, 8 (*Estraderm MX 100*)

14026F **ESTRADIOL**, estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets (*Sandrena*)

8286D **ESTRADIOL**, estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets (*Sandrena*)

10732W **ITRACONAZOLE**, itraconazole 50 mg capsule, 60 (*Lozanoc*)

8196J **ITRACONAZOLE**, itraconazole 100 mg capsule, 60 (*, ITRANOX, Itracap*)

12790E **LANADELUMAB**, lanadelumab 300 mg/2 mL injection, 2 mL syringe (*Takhzyro*)

8453X **MORPHINE**, morphine sulfate pentahydrate 200 mg modified release tablet, 28 (*MS Contin*)

Alteration – Restriction

2344J **AMIODARONE**, amiodarone hydrochloride 100 mg tablet, 30 (*Aratac 100, Cordarone X 100*)

2343H **AMIODARONE**, amiodarone hydrochloride 200 mg tablet, 30 (*, Amdarone, Amiodarone Sandoz, Aratac 200, Cordarone X 200*)

13858J **ANASTROZOLE**, anastrozole 1 mg tablet, 30 (*ANASTROZOLE-WGR, APO-Anastrozole, Anastrozole GH, Anastrozole Sandoz, Arianna 1*)

8179L **ANASTROZOLE**, anastrozole 1 mg tablet, 30 (*ANASTROZOLE-WGR, APO-Anastrozole, Anastrozole GH, Anastrozole Sandoz, Arianna 1*)

13464P **APIXABAN**, apixaban 2.5 mg tablet, 60 (*Eliquis*)

13525W **APIXABAN**, apixaban 5 mg tablet, 60 (*Eliquis*)

2735Y **APIXABAN**, apixaban 5 mg tablet, 60 (*Eliquis*)

2022K **AURANOFIN**, auranofin 3 mg capsule, 60 (*Ridaura*)

1095P **AURANOFIN**, auranofin 3 mg tablet, 60 (*Ridaura*)

1797N **CEFAZOLIN**, cefazolin 1 g injection, 5 vials (*Cefazolin-AFT*)

12118T **CEFAZOLIN**, cefazolin 2 g injection, 10 vials (*Cephazolin Viatris*)

8315P **CEFEPIME**, cefepime 1 g injection, 1 vial (*Cefepime Kabi*)

8316Q **CEFEPIME**, cefepime 2 g injection, 1 vial (*Cefepime Kabi*)

1758M **CEFOTAXIME**, cefotaxime 1 g injection, 10 vials (*DBL Cefotaxime*)

1783W **CEFTRIAXONE**, ceftriaxone 500 mg injection, 1 vial (*Ceftriaxone-AFT*)

12114N **CEFTRIAXONE**, ceftriaxone 1 g injection, 10 vials (*Ceftriaxone Viatris*)

11169W **CEFTRIAXONE**, ceftriaxone 2 g injection, 5 vials (*Ceftriaxone Viatris*)

12112L **CEFTRIAXONE**, ceftriaxone 2 g injection, 10 vials (*Ceftriaxone Viatris*)

1195X	CHLORPROMAZINE , chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules (<i>Largactil</i>)
1201F	CHLORPROMAZINE , chlorpromazine hydrochloride 5 mg/mL oral liquid, 100 mL (<i>Largactil</i>)
1197B	CHLORPROMAZINE , chlorpromazine hydrochloride 25 mg tablet, 100 (<i>Largactil</i>)
1199D	CHLORPROMAZINE , chlorpromazine hydrochloride 100 mg tablet, 100 (<i>Largactil</i>)
13523R	DABIGATRAN , dabigatran etexilate 110 mg capsule, 60 (<i>ARX-Dabigatran, Dabigatran Sandoz, PHARMACOR DABIGATRAN, Pradaxa</i>)
13489Y	DABIGATRAN , dabigatran etexilate 150 mg capsule, 60 (<i>ARX-Dabigatran, Dabigatran Sandoz, PHARMACOR DABIGATRAN, Pradaxa</i>)
3164M	DIGOXIN , digoxin 50 microgram/mL oral liquid, 60 mL (<i>Lanoxin</i>)
2605D	DIGOXIN , digoxin 62.5 microgram tablet, 200 (<i>Lanoxin-PG, Sigmaxin-PG</i>)
1322N	DIGOXIN , digoxin 250 microgram tablet, 100 (<i>Lanoxin, Sigmaxin</i>)
2923W	DISOPYRAMIDE , disopyramide 100 mg capsule, 100 (<i>Rythmodan</i>)
13280Y	DISOPYRAMIDE , disopyramide 100 mg capsule, 84 (<i>Rythmodan (Canada)</i>)
13342F	EPTINEZUMAB , eptinezumab 100 mg/mL injection, 1 mL vial (<i>Vyepti</i>)
13857H	EXEMESTANE , exemestane 25 mg tablet, 30 (<i>APO-Exemestane, Aromasin, EXEMESTANE-WGR, Exemestane GH, Exemestane Sandoz</i>)
13440J	EZETIMIBE , ezetimibe 10 mg tablet, 30 (<i>APO-Ezetimibe, BTC Ezetimibe, EZEMICHOL, EZETIMIBE-WGR, Ezetimibe GH, Ezetimibe Sandoz, Ezetrol, Pharmacor Ezetimibe 10, Zient 10mg</i>)
8757X	EZETIMIBE , ezetimibe 10 mg tablet, 30 (<i>APO-Ezetimibe, BTC Ezetimibe, EZEMICHOL, EZETIMIBE-WGR, Ezetimibe GH, Ezetimibe Sandoz, Ezetrol, Pharmacor Ezetimibe 10, Zient 10mg</i>)
10201X	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>)
10204C	EZETIMIBE (&) ROSUVASTATIN , ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60 (<i>Ezalo Composite Pack 10mg+5mg, Rosuzet Composite Pack</i>)
10207F	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>)
10208G	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>)
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>)
10392Y	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 10 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/10</i>)
13539N	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 10 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/10</i>)
10393B	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 20 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/20</i>)
13622Y	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 20 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/20</i>)
10377E	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 40 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/40</i>)
13416D	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 40 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/40</i>)
10376D	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 80 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/80</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 (APO-Ezetimibe/Simvastatin 10/10, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/10, EZETORIN, EzSimva GH 10/10, Pharmacor Ezetimibe Simvastatin 10/10, Vytorin, Zeklen 10/10 mg, Zimybe 10/10)
9483D	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 10 mg tablet, 30 (APO-Ezetimibe/Simvastatin 10/10, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/10, EZETORIN, EzSimva GH 10/10, Pharmacor Ezetimibe Simvastatin 10/10, Vytorin, Zeklen 10/10 mg, Zimybe 10/10)
13442L	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 20 mg tablet, 30 (APO-Ezetimibe/Simvastatin 10/20, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/20, EZETORIN, EzSimva GH 10/20, Pharmacor Ezetimibe Simvastatin 10/20, Vytorin, Zeklen 10/20 mg, Zimybe 10/20)
9484E	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 20 mg tablet, 30 (APO-Ezetimibe/Simvastatin 10/20, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/20, EZETORIN, EzSimva GH 10/20, Pharmacor Ezetimibe Simvastatin 10/20, Vytorin, Zeklen 10/20 mg, Zimybe 10/20)
13535J	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 40 mg tablet, 30 (APO-Ezetimibe/Simvastatin 10/40, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/40, EZETORIN, EzSimva GH 10/40, Pharmacor Ezetimibe Simvastatin 10/40, Vytorin, Zeklen 10/40 mg, Zimybe 10/40)
8881K	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 40 mg tablet, 30 (APO-Ezetimibe/Simvastatin 10/40, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/40, EZETORIN, EzSimva GH 10/40, Pharmacor Ezetimibe Simvastatin 10/40, Vytorin, Zeklen 10/40 mg, Zimybe 10/40)
13595M	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 80 mg tablet, 30 (APO-Ezetimibe/Simvastatin 10/80, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/80, EZETORIN, EzSimva GH 10/80, Pharmacor Ezetimibe Simvastatin 10/80, Vytorin, Zeklen 10/80 mg, Zimybe 10/80)
8882L	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 80 mg tablet, 30 (APO-Ezetimibe/Simvastatin 10/80, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/80, EZETORIN, EzSimva GH 10/80, Pharmacor Ezetimibe Simvastatin 10/80, Vytorin, Zeklen 10/80 mg, Zimybe 10/80)
5265D	FENTANYL , fentanyl 12 microgram/hour patch, 5 (Denpax)
5437E	FENTANYL , fentanyl 12 microgram/hour patch, 5 (Fenpatch 12)
8878G	FENTANYL , fentanyl 12 microgram/hour patch, 5 (APO-Fentanyl, Durogesic 12, Fentanyl Sandoz)
5277R	FENTANYL , fentanyl 25 microgram/hour patch, 5 (Denpax)
5438F	FENTANYL , fentanyl 25 microgram/hour patch, 5 (Fenpatch 25)
8891Y	FENTANYL , fentanyl 25 microgram/hour patch, 5 (APO-Fentanyl, Durogesic 25, Fentanyl Sandoz)
5278T	FENTANYL , fentanyl 50 microgram/hour patch, 5 (Denpax)
5279W	FENTANYL , fentanyl 75 microgram/hour patch, 5 (Denpax)
5439G	FENTANYL , fentanyl 50 microgram/hour patch, 5 (Fenpatch 50)
8892B	FENTANYL , fentanyl 50 microgram/hour patch, 5 (APO-Fentanyl, Durogesic 50, Fentanyl Sandoz)
5280X	FENTANYL , fentanyl 100 microgram/hour patch, 5 (Denpax)
5440H	FENTANYL , fentanyl 75 microgram/hour patch, 5 (Fenpatch 75)
8893C	FENTANYL , fentanyl 75 microgram/hour patch, 5 (APO-Fentanyl, Durogesic 75, Fentanyl Sandoz)
5441J	FENTANYL , fentanyl 100 microgram/hour patch, 5 (Fenpatch 100)
8894D	FENTANYL , fentanyl 100 microgram/hour patch, 5 (APO-Fentanyl, Durogesic 100, Fentanyl Sandoz)
1088G	FLECAINIDE , flecainide acetate 50 mg tablet, 60 (APO-Flecainide, Flecainide Sandoz, Flecatap, Tambocor)
1090J	FLECAINIDE , flecainide acetate 100 mg tablet, 60 (APO-Flecainide, Flecainide Sandoz, Flecatap, Tambocor)
1471K	FLUCONAZOLE , fluconazole 50 mg capsule, 28 (Diflucan, Dizole 50, Fluconazole Sandoz, Ozole)
1472L	FLUCONAZOLE , fluconazole 100 mg capsule, 28 (Diflucan, Dizole 100, Fluconazole Sandoz, Ozole)
1475P	FLUCONAZOLE , fluconazole 200 mg capsule, 28 (APO-Fluconazole, Diflucan, Dizole 200, FLUCONAZOLE-WGR, Fluconazole APOTEX, Fluconazole Sandoz, Fluzole 200, Ozole)
5446P	FLUCONAZOLE , fluconazole 50 mg/5 mL powder for oral liquid, 35 mL (Diflucan)
1417N	FLUTAMIDE , flutamide 250 mg tablet, 100 (Flutamin)
12611R	FREMANEZUMAB , fremanezumab 225 mg/1.5 mL injection, 1.5 mL syringe (Ajovy)
13115G	FREMANEZUMAB , fremanezumab 225 mg/1.5 mL injection, 1.5 mL pen device (Ajovy)
12478R	GALCANEZUMAB , galcanezumab 120 mg/mL injection, 1 mL pen device (Emgality)

1554T	ISONIAZID , isoniazid 100 mg tablet, 100 (<i>Arrow Pharma Pty Ltd</i>)
10732W	ITRACONAZOLE , itraconazole 50 mg capsule, 60 (<i>Lozanoc</i>)
8196J	ITRACONAZOLE , itraconazole 100 mg capsule, 60 (<i>, ITRANOX, Itracap</i>)
13939P	LETROZOLE , letrozole 2.5 mg tablet, 30 (<i>ARX-LETROZOLE, Femara 2.5 mg, Femolet, Gynotril, LETROZOLE-WGR, Letrozole APOTEX, Letrozole GH, Letrozole Sandoz, Pharmacor Letrozole 2.5</i>)
8245Y	LETROZOLE , letrozole 2.5 mg tablet, 30 (<i>ARX-LETROZOLE, Femara 2.5 mg, Femolet, Gynotril, LETROZOLE-WGR, Letrozole APOTEX, Letrozole GH, Letrozole Sandoz, Pharmacor Letrozole 2.5</i>)
2876J	LIDOCAINE , lidocaine hydrochloride 10% (500 mg/5 mL) injection, 10 x 5 mL ampoules (<i>Xylocard 500</i>)
14202L	METHADONE , methadone hydrochloride 10 mg/mL injection, 5 x 1 mL vials (<i>Physeptone</i>)
1609Q	METHADONE , methadone hydrochloride 10 mg tablet, 20 (<i>Physeptone</i>)
9294E	OLANZAPINE , olanzapine 210 mg modified release injection [1 vial] (& inert substance diluent [3 mL vial], 1 pack (<i>Zyprexa Relprevv</i>)
9295F	OLANZAPINE , olanzapine 300 mg modified release injection [1 vial] (& inert substance diluent [3 mL vial], 1 pack (<i>Zyprexa Relprevv</i>)
9303P	OLANZAPINE , olanzapine 405 mg modified release injection [1 vial] (& inert substance diluent [3 mL vial], 1 pack (<i>Zyprexa Relprevv</i>)
8170B	OLANZAPINE , olanzapine 2.5 mg tablet, 28 (<i>APO-OLANZAPINE, Olanzapine APOTEX, Olanzapine RBX, Olanzapine Sandoz, Ozin 2.5, PRYZEX, Zypine, Zyprexa</i>)
3381Y	OLANZAPINE , olanzapine 5 mg orally disintegrating tablet, 28 (<i>APO-Olanzapine ODT, OLANZAPINE ODT-WGR, Olanzapine Sandoz ODT 5, PRYZEX ODT, Zypine ODT</i>)
8185T	OLANZAPINE , olanzapine 5 mg tablet, 28 (<i>APO-OLANZAPINE, Olanzapine APOTEX, Olanzapine RBX, Olanzapine Sandoz, Ozin 5, PRYZEX, Zypine, Zyprexa</i>)
8186W	OLANZAPINE , olanzapine 7.5 mg tablet, 28 (<i>APO-OLANZAPINE, Olanzapine APOTEX, Olanzapine RBX, Olanzapine Sandoz, Ozin 7.5, PRYZEX, Zypine, Zyprexa</i>)
3382B	OLANZAPINE , olanzapine 10 mg orally disintegrating tablet, 28 (<i>APO-Olanzapine ODT, OLANZAPINE ODT-WGR, Olanzapine ODT generichealth 10, Olanzapine Sandoz ODT 10, PRYZEX ODT, Zypine ODT</i>)
8187X	OLANZAPINE , olanzapine 10 mg tablet, 28 (<i>APO-OLANZAPINE, Olanzapine APOTEX, Olanzapine RBX, Olanzapine Sandoz, Ozin 10, PRYZEX, Zypine, Zyprexa</i>)
3384D	OLANZAPINE , olanzapine 15 mg orally disintegrating tablet, 28 (<i>APO-Olanzapine ODT, OLANZAPINE ODT-WGR, Olanzapine Sandoz ODT 15, PRYZEX ODT, Zypine ODT</i>)
3385E	OLANZAPINE , olanzapine 20 mg orally disintegrating tablet, 28 (<i>APO-Olanzapine ODT, OLANZAPINE ODT-WGR, Olanzapine Sandoz ODT 20, PRYZEX ODT, Zypine ODT</i>)
8433W	OLANZAPINE , olanzapine 5 mg wafer, 28 (<i>Zyprexa Zydys</i>)
8434X	OLANZAPINE , olanzapine 10 mg wafer, 28 (<i>Zyprexa Zydys</i>)
8952E	OLANZAPINE , olanzapine 15 mg wafer, 28 (<i>Zyprexa Zydys</i>)
8953F	OLANZAPINE , olanzapine 20 mg wafer, 28 (<i>Zyprexa Zydys</i>)
13458H	PENICILLAMINE , penicillamine 125 mg tablet, 100 (<i>D-Penamamine</i>)
2721F	PENICILLAMINE , penicillamine 125 mg tablet, 100 (<i>D-Penamamine</i>)
13425N	PENICILLAMINE , penicillamine 250 mg tablet, 100 (<i>D-Penamamine</i>)
2838J	PENICILLAMINE , penicillamine 250 mg tablet, 100 (<i>D-Penamamine</i>)
1822X	PERHEXILINE , perhexiline maleate 100 mg tablet, 100 (<i>Pexsig</i>)
3052P	PERICIAZINE , periciazine 2.5 mg tablet, 100 (<i>Neulactil</i>)
3053Q	PERICIAZINE , periciazine 10 mg tablet, 100 (<i>Neulactil</i>)
10460M	POSACONAZOLE , posaconazole 100 mg modified release tablet, 24 (<i>POSACONAZOLE DR.REDDY'S, POSACONAZOLE-WGR, Pharmacor Posaconazole, Posaconazole ARX, Posaconazole Juno, Posaconazole Sandoz</i>)
8456C	QUETIAPINE , quetiapine 25 mg tablet, 60 (<i>APX-QUETIAPINE, Blooms The Chemist Quetiapine, Kaptan, Pharmacor Quetiapine 25, QUETIAPINE-WGR, Quetia 25, Quetiapine APOTEX, Quetiapine RBX, Quetiapine Sandoz Pharma, Seroquel, Syquet</i>)
9202H	QUETIAPINE , quetiapine 50 mg modified release tablet, 60 (<i>APX-Quetiapine XR, QUETIAPINE-AS XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR</i>)

8457D **QUETIAPINE**, quetiapine 100 mg tablet, 90 (*APX-QUETIAPINE, Blooms The Chemist Quetiapine, Kaptan, Pharmacor Quetiapine 100, QUETIAPINE-WGR, Quetia 100, Quetiapine APOTEX, Quetiapine RBX, Quetiapine Sandoz Pharma, Seroquel, Syquet*)

5458G **QUETIAPINE**, quetiapine 150 mg modified release tablet, 60 (*APX-Quetiapine XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR*)

8458E **QUETIAPINE**, quetiapine 200 mg tablet, 60 (*APX-QUETIAPINE, Blooms The Chemist Quetiapine, Kaptan, Pharmacor Quetiapine 200, QUETIAPINE-WGR, Quetia 200, Quetiapine APOTEX, Quetiapine RBX, Quetiapine Sandoz Pharma, Seroquel, Syquet*)

9203J **QUETIAPINE**, quetiapine 200 mg modified release tablet, 60 (*APX-Quetiapine XR, QUETIAPINE-AS XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR*)

8580N **QUETIAPINE**, quetiapine 300 mg tablet, 60 (*APX-QUETIAPINE, Blooms The Chemist Quetiapine, Kaptan, Pharmacor Quetiapine 300, QUETIAPINE-WGR, Quetia 300, Quetiapine APOTEX, Quetiapine RBX, Quetiapine Sandoz Pharma, Seroquel, Syquet*)

9204K **QUETIAPINE**, quetiapine 300 mg modified release tablet, 60 (*APX-Quetiapine XR, QUETIAPINE-AS XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR*)

9205L **QUETIAPINE**, quetiapine 400 mg modified release tablet, 60 (*APX-Quetiapine XR, QUETIAPINE-AS XR, Quetia XR, Quetiapine Sandoz XR, Seroquel XR, Tevatiapine XR*)

12190N **RIFAMPICIN**, rifampicin 150 mg capsule, 100 (*Rimycin 150*)

12200D **RIFAMPICIN**, rifampicin 150 mg capsule, 10 (*Rimycin 150*)

1981G **RIFAMPICIN**, rifampicin 150 mg capsule, 10 (*Rimycin 150*)

1982H **RIFAMPICIN**, rifampicin 150 mg capsule, 100 (*Rimycin 150*)

12189M **RIFAMPICIN**, rifampicin 300 mg capsule, 10 (*Rimycin 300*)

12215X **RIFAMPICIN**, rifampicin 300 mg capsule, 100 (*Rimycin 300*)

1983J **RIFAMPICIN**, rifampicin 300 mg capsule, 100 (*Rimycin 300*)

1984K **RIFAMPICIN**, rifampicin 300 mg capsule, 10 (*Rimycin 300*)

8025J **RIFAMPICIN**, rifampicin 100 mg/5 mL oral liquid, 60 mL (*Rifadin*)

9293D **RISPERIDONE**, risperidone 1 mg/mL oral liquid, 100 mL (*Risperdal, Risperidone Lupin, Rixadone*)

1842Y **RISPERIDONE**, risperidone 500 microgram tablet, 20 (*Risperdal*)

1846E **RISPERIDONE**, risperidone 500 microgram tablet, 20 (*Risperdal*)

8787L **RISPERIDONE**, risperidone 500 microgram tablet, 60 (*APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperidone Sandoz, Rispernia, Rixadone*)

8869T **RISPERIDONE**, risperidone 500 microgram tablet, 60 (*APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperidone Sandoz, Rispernia, Rixadone*)

8789N **RISPERIDONE**, risperidone 1 mg tablet, 60 (*APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone*)

9079W **RISPERIDONE**, risperidone 2 mg tablet, 60 (*APO-Risperidone, NOUMED RISPERIDONE, Ozidal, Rispa, Risperdal, Risperidone Sandoz, Rispernia, Rixadone*)

2160Q **RIVAROXABAN**, rivaroxaban 15 mg tablet, 42 (*Rivaroxaban-Teva, Xarelto*)

12301K **ROMOSOZUMAB**, romosozumab 105 mg/1.17 mL injection, 2 x 1.17 mL syringes (*Evenity*)

13934J **SEVELAMER**, sevelamer hydrochloride 800 mg tablet, 180 (*Renagel*)

14027G **SEVELAMER**, sevelamer carbonate 800 mg tablet, 180 (*ARX-SEVELAMER, Sevelamer Apotex, Sevelamer Lupin*)

8398B **SOTALOL**, sotalol hydrochloride 80 mg tablet, 60 (*APX-Sotalol, Cardol, SOTALOL-WGR, Solavert, Sotacor, Sotalol Sandoz*)

2043M **SOTALOL**, sotalol hydrochloride 160 mg tablet, 60 (*APX-Sotalol, Cardol, SOTALOL-WGR, Solavert, Sotacor, Sotalol Sandoz*)

1880Y **TAMOXIFEN**, tamoxifen 20 mg tablet, 30 (*Nolvadex-D*)

2110C **TAMOXIFEN**, tamoxifen 20 mg tablet, 60 (*GenRx Tamoxifen, Genox 20, Tamosin, Tamoxifen Sandoz*)

8350L **TIROFIBAN**, tirofiban 12.5 mg/50 mL injection, 50 mL vial (*Aggrastat, Tirofiban Juno*)

10168E **VORICONAZOLE**, voriconazole 40 mg/mL powder for oral liquid, 70 mL (*Vfend*)

9452L **VORICONAZOLE**, voriconazole 40 mg/mL powder for oral liquid, 70 mL (*Vfend*)

10173K	VORICONAZOLE , voriconazole 50 mg tablet, 56 (<i>Voriconazole Sandoz, Vttack, Vzole</i>)
9363T	VORICONAZOLE , voriconazole 50 mg tablet, 56 (<i>Voriconazole Sandoz, Vttack, Vzole</i>)
10198R	VORICONAZOLE , voriconazole 200 mg tablet, 56 (<i>Voriconazole Sandoz, Vttack, Vzole</i>)
9364W	VORICONAZOLE , voriconazole 200 mg tablet, 56 (<i>Voriconazole Sandoz, Vttack, Vzole</i>)
8097E	ZUCLOPENTHIXOL DECANOATE , zuclopenthixol decanoate 200 mg/mL injection, 5 x 1 mL ampoules (<i>Clopixol Depot</i>)

Alteration – Restriction Level

		From	To
2022K	AURANOFIN , auranofin 3 mg capsule, 60 (<i>Ridaura</i>)	unrestricted	restricted
1095P	AURANOFIN , auranofin 3 mg tablet, 60 (<i>Ridaura</i>)	unrestricted	restricted
1195X	CHLORPROMAZINE , chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules (<i>Largactil</i>)	unrestricted	restricted
1201F	CHLORPROMAZINE , chlorpromazine hydrochloride 5 mg/mL oral liquid, 100 mL (<i>Largactil</i>)	unrestricted	restricted
1197B	CHLORPROMAZINE , chlorpromazine hydrochloride 25 mg tablet, 100 (<i>Largactil</i>)	unrestricted	restricted
1199D	CHLORPROMAZINE , chlorpromazine hydrochloride 100 mg tablet, 100 (<i>Largactil</i>)	unrestricted	restricted
3164M	DIGOXIN , digoxin 50 microgram/mL oral liquid, 60 mL (<i>Lanoxin</i>)	unrestricted	restricted
2605D	DIGOXIN , digoxin 62.5 microgram tablet, 200 (<i>Lanoxin-PG, Sigmaxin-PG</i>)	unrestricted	restricted
1322N	DIGOXIN , digoxin 250 microgram tablet, 100 (<i>Lanoxin, Sigmaxin</i>)	unrestricted	restricted
2923W	DISOPYRAMIDE , disopyramide 100 mg capsule, 100 (<i>Rythmodan</i>)	unrestricted	restricted
13280Y	DISOPYRAMIDE , disopyramide 100 mg capsule, 84 (<i>Rythmodan (Canada)</i>)	unrestricted	restricted
13440J	EZETIMIBE , ezetimibe 10 mg tablet, 30 (<i>APO-Ezetimibe, BTC Ezetimibe, EZEMICHOL, EZETIMIBE-WGR, Ezetimibe GH, Ezetimibe Sandoz, Ezetrol, Pharmacor Ezetimibe 10, Zient 10mg</i>)	streamlined	restricted
8757X	EZETIMIBE , ezetimibe 10 mg tablet, 30 (<i>APO-Ezetimibe, BTC Ezetimibe, EZEMICHOL, EZETIMIBE-WGR, Ezetimibe GH, Ezetimibe Sandoz, Ezetrol, Pharmacor Ezetimibe 10, Zient 10mg</i>)	streamlined	unrestricted
10201X	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>)	streamlined	unrestricted
10204C	EZETIMIBE (&) ROSUVASTATIN , ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60 (<i>Ezalo Composite Pack 10mg+5mg, Rosuzet Composite Pack</i>)	streamlined	unrestricted
10207F	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>)	streamlined	unrestricted
10208G	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>)	streamlined	unrestricted
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>)	streamlined	restricted
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>)	streamlined	restricted
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>)	streamlined	restricted
13629H	EZETIMIBE (&) ROSUVASTATIN , ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60 (<i>Ezalo Composite Pack 10mg+5mg, Rosuzet Composite Pack</i>)	streamlined	restricted
10392Y	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 10 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/10</i>)	streamlined	unrestricted
13539N	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 10 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/10</i>)	streamlined	restricted

10393B	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 20 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/20</i>)	streamlined	unrestricted
13622Y	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 20 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/20</i>)	streamlined	restricted
10377E	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 40 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/40</i>)	streamlined	unrestricted
13416D	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 40 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/40</i>)	streamlined	restricted
10376D	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 80 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/80</i>)	streamlined	unrestricted
13538M	EZETIMIBE + ATORVASTATIN , ezetimibe 10 mg + atorvastatin 80 mg tablet, 30 (<i>Atozet, Ezetast, Ezetimibe/Atorvastatin GH 10/80</i>)	streamlined	restricted
13385L	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 10 mg tablet, 30 (APO- <i>Ezetimibe/Simvastatin 10/10, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/10, EZETORIN, EzSimva GH 10/10, Pharmacor Ezetimibe Simvastatin 10/10, Vytorin, Zeklen 10/10 mg, Zimybe 10/10</i>)	streamlined	restricted
9483D	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 10 mg tablet, 30 (APO- <i>Ezetimibe/Simvastatin 10/10, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/10, EZETORIN, EzSimva GH 10/10, Pharmacor Ezetimibe Simvastatin 10/10, Vytorin, Zeklen 10/10 mg, Zimybe 10/10</i>)	streamlined	unrestricted
13442L	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 20 mg tablet, 30 (APO- <i>Ezetimibe/Simvastatin 10/20, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/20, EZETORIN, EzSimva GH 10/20, Pharmacor Ezetimibe Simvastatin 10/20, Vytorin, Zeklen 10/20 mg, Zimybe 10/20</i>)	streamlined	restricted
9484E	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 20 mg tablet, 30 (APO- <i>Ezetimibe/Simvastatin 10/20, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/20, EZETORIN, EzSimva GH 10/20, Pharmacor Ezetimibe Simvastatin 10/20, Vytorin, Zeklen 10/20 mg, Zimybe 10/20</i>)	streamlined	unrestricted
13535J	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 40 mg tablet, 30 (APO- <i>Ezetimibe/Simvastatin 10/40, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/40, EZETORIN, EzSimva GH 10/40, Pharmacor Ezetimibe Simvastatin 10/40, Vytorin, Zeklen 10/40 mg, Zimybe 10/40</i>)	streamlined	restricted
8881K	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 40 mg tablet, 30 (APO- <i>Ezetimibe/Simvastatin 10/40, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/40, EZETORIN, EzSimva GH 10/40, Pharmacor Ezetimibe Simvastatin 10/40, Vytorin, Zeklen 10/40 mg, Zimybe 10/40</i>)	streamlined	unrestricted
13595M	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 80 mg tablet, 30 (APO- <i>Ezetimibe/Simvastatin 10/80, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/80, EZETORIN, EzSimva GH 10/80, Pharmacor Ezetimibe Simvastatin 10/80, Vytorin, Zeklen 10/80 mg, Zimybe 10/80</i>)	streamlined	restricted
8882L	EZETIMIBE + SIMVASTATIN , ezetimibe 10 mg + simvastatin 80 mg tablet, 30 (APO- <i>Ezetimibe/Simvastatin 10/80, EZETIMIBE/SIMVASTATIN SANDOZ, EZETIMIBE/SIMVASTATIN-WGR 10/80, EZETORIN, EzSimva GH 10/80, Pharmacor Ezetimibe Simvastatin 10/80, Vytorin, Zeklen 10/80 mg, Zimybe 10/80</i>)	streamlined	unrestricted
1554T	ISONIAZID , isoniazid 100 mg tablet, 100 (<i>Arrow Pharma Pty Ltd</i>)	unrestricted	restricted
2876J	LIDOCAINE , lidocaine hydrochloride 10% (500 mg/5 mL) injection, 10 x 5 mL ampoules (<i>Xylocard 500</i>)	unrestricted	restricted
2721F	PENICILLAMINE , penicillamine 125 mg tablet, 100 (<i>D-Penamime</i>)	unrestricted	restricted
2838J	PENICILLAMINE , penicillamine 250 mg tablet, 100 (<i>D-Penamime</i>)	unrestricted	restricted
3052P	PERICIAZINE , periciazine 2.5 mg tablet, 100 (<i>Neulactil</i>)	unrestricted	restricted
3053Q	PERICIAZINE , periciazine 10 mg tablet, 100 (<i>Neulactil</i>)	unrestricted	restricted
8097E	ZUCLOPENTHIXOL DECANOATE , zuclopenthixol decanoate 200 mg/mL injection, 5 x 1 mL ampoules (<i>Clopixol Depot</i>)	unrestricted	restricted

Alteration – Manufacturer Code

		<i>From</i>	<i>To</i>
13623B	<i>Onureg</i> – AZACITIDINE , azacitidine 200 mg tablet, 7	CJ	BQ
13619T	<i>Onureg</i> – AZACITIDINE , azacitidine 300 mg tablet, 7	CJ	BQ
13624C	<i>Onureg</i> – AZACITIDINE , azacitidine 300 mg tablet, 7	CJ	BQ
13931F	<i>Zumenon</i> – ESTRADIOL , estradiol 2 mg tablet, 56	GO	XT
8274L	<i>Zumenon</i> – ESTRADIOL , estradiol 2 mg tablet, 56	GO	XT
10146B	<i>Femoston 1/10</i> – ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE , estradiol 1 mg tablet [14] (&) estradiol 1 mg + dydrogesterone 10 mg tablet [14], 28	GO	XT
14024D	<i>Femoston 1/10</i> – ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE , estradiol 1 mg tablet [14] (&) estradiol 1 mg + dydrogesterone 10 mg tablet [14], 28	GO	XT
13930E	<i>Femoston 2/10</i> – ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE , estradiol 2 mg tablet [14] (&) estradiol 2 mg + dydrogesterone 10 mg tablet [14], 28	GO	XT
8244X	<i>Femoston 2/10</i> – ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE , estradiol 2 mg tablet [14] (&) estradiol 2 mg + dydrogesterone 10 mg tablet [14], 28	GO	XT
8002E	<i>Ezovir</i> – FAMCICLOVIR , famciclovir 250 mg tablet, 21	AF	XT
8217L	<i>Ezovir</i> – FAMCICLOVIR , famciclovir 250 mg tablet, 56	AF	XT
8896F	<i>Ezovir</i> – FAMCICLOVIR , famciclovir 500 mg tablet, 56	AF	XT
1471K	<i>Dizole 50</i> – FLUCONAZOLE , fluconazole 50 mg capsule, 28	AF	XT
1472L	<i>Dizole 100</i> – FLUCONAZOLE , fluconazole 100 mg capsule, 28	AF	XT
1475P	<i>Dizole 200</i> – FLUCONAZOLE , fluconazole 200 mg capsule, 28	AF	XT
14408H	<i>Molaxole</i> – MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE , macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets	GO	XT
8612G	<i>Molaxole</i> – MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE , macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets	GO	XT
1636D	<i>Metrogyl 200</i> – METRONIDAZOLE , metronidazole 200 mg tablet, 21	AF	XT
3339R	<i>Metrogyl 200</i> – METRONIDAZOLE , metronidazole 200 mg tablet, 21	AF	XT
1621H	<i>Metrogyl 400</i> – METRONIDAZOLE , metronidazole 400 mg tablet, 21	AF	XT
5155H	<i>Metrogyl 400</i> – METRONIDAZOLE , metronidazole 400 mg tablet, 21	AF	XT
12271W	<i>Zeposia</i> – OZANIMOD , ozanimod 920 microgram capsule, 28	CJ	BQ
13269J	<i>Zeposia</i> – OZANIMOD , ozanimod 920 microgram capsule, 28	CJ	BQ
13271L	<i>Zeposia</i> – OZANIMOD , ozanimod 920 microgram capsule, 28	CJ	BQ
12278F	<i>Zeposia</i> – OZANIMOD , ozanimod 230 microgram capsule [4] (&) ozanimod 460 microgram capsule [3], 7	CJ	BQ
13251K	<i>Zeposia</i> – OZANIMOD , ozanimod 230 microgram capsule [4] (&) ozanimod 460 microgram capsule [3], 7	CJ	BQ
10797G	<i>Parapane OSTEO</i> – PARACETAMOL , paracetamol 665 mg modified release tablet, 192	AF	XT
8814X	<i>Parapane OSTEO</i> – PARACETAMOL , paracetamol 665 mg modified release tablet, 96	AF	XT
11049M	<i>O.R.S.</i> – SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE + CITRIC ACID , sodium chloride 470 mg + potassium chloride 300 mg (potassium 4 mmol) + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets	AF	XT
3196F	<i>O.R.S.</i> – SODIUM CHLORIDE + POTASSIUM CHLORIDE + GLUCOSE + CITRIC ACID , sodium chloride 470 mg + potassium chloride 300 mg (potassium 4 mmol) + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets	AF	XT
8266C	<i>Zomig</i> – ZOLMITRIPTAN , zolmitriptan 2.5 mg tablet, 2	AP	AS

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 <https://www.pbs.gov.au/browse/medicine-listing/supply-only>

1763T *Mixtard 30/70 Penfill 3 mL, NO* – **INSULIN NEUTRAL HUMAN + INSULIN ISOPHANE HUMAN**, insulin neutral human 30 units/mL + insulin isophane human 70 units/mL injection, 5 x 3 mL cartridges

Advance Notices

1 December 2024

Deletion – Brand

5507W *Refresh Tears Plus, VE* – **CARMELLOSE SODIUM**, carmellose sodium 0.5% eye drops, 15 mL

5508X *Refresh Liquigel, VE* – **CARMELLOSE SODIUM**, carmellose sodium 1% eye drops, 15 mL

8548X *Refresh Tears Plus, VE* – **CARMELLOSE SODIUM**, carmellose sodium 0.5% eye drops, 15 mL

8593G *Refresh Liquigel, VE* – **CARMELLOSE SODIUM**, carmellose sodium 1% eye drops, 15 mL

9211T *Refresh Tears Plus, VE* – **CARMELLOSE SODIUM**, carmellose sodium 0.5% eye drops, 15 mL

9212W *Refresh Liquigel, VE* – **CARMELLOSE SODIUM**, carmellose sodium 1% eye drops, 15 mL

5556K *Optive, VE* – **CARMELLOSE SODIUM + GLYCEROL**, carmellose sodium 0.5% + glycerol 0.9% eye drops, 15 mL

9355J *Optive, VE* – **CARMELLOSE SODIUM + GLYCEROL**, carmellose sodium 0.5% + glycerol 0.9% eye drops, 15 mL

9356K *Optive, VE* – **CARMELLOSE SODIUM + GLYCEROL**, carmellose sodium 0.5% + glycerol 0.9% eye drops, 15 mL

8315P *Cefepime Kabi, PK* – **CEFEPIME**, cefepime 1 g injection, 1 vial

8316Q *Cefepime Kabi, PK* – **CEFEPIME**, cefepime 2 g injection, 1 vial

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

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

11193D *Repatha, AN* – **EVOLOCUMAB**, evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

11485L *Repatha, AN* – **EVOLOCUMAB**, evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

11972D *Repatha, AN* – **EVOLOCUMAB**, evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

11986W *Repatha, AN* – **EVOLOCUMAB**, evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

1590Q *Oruvail SR, AV* – **KETOPROFEN**, ketoprofen 200 mg modified release capsule, 28

5136H *Oruvail SR, AV* – **KETOPROFEN**, ketoprofen 200 mg modified release capsule, 28

3118D *Depo-Provera, PF* – **MEDROXYPROGESTERONE**, medroxyprogesterone acetate 150 mg/mL injection, 1 mL vial

14493T *Refresh Night Time, VE* – **PARAFFIN**, paraffin 1 g/g eye ointment, 2 x 3.5 g

1750D *Refresh Night Time, VE* – **PARAFFIN**, paraffin 1 g/g eye ointment, 2 x 3.5 g

5522P *Refresh Night Time, VE* – **PARAFFIN**, paraffin 1 g/g eye ointment, 2 x 3.5 g

14108M *Stemetil (Ireland), OJ* – **PROCHLORPERAZINE**, prochlorperazine maleate 5 mg tablet, 250

14129P *Stemetil (Ireland), OJ* – **PROCHLORPERAZINE**, prochlorperazine maleate 5 mg tablet, 250

2269K *Vancomycin Alphapharm, AF* – **VANCOMYCIN**, vancomycin 1 g injection, 1 vial

2270L *Vancomycin Alphapharm, AF* – **VANCOMYCIN**, vancomycin 1 g injection, 1 vial

3130R *Vancomycin Alphapharm, AF* – **VANCOMYCIN**, vancomycin 500 mg injection, 1 vial

3131T *Vancomycin Alphapharm, AF* – **VANCOMYCIN**, vancomycin 500 mg injection, 1 vial

3323X *Vancomycin Alphapharm, AF* – **VANCOMYCIN**, vancomycin 500 mg injection, 1 vial

5083M *Vancomycin Alphapharm, AF* – **VANCOMYCIN**, vancomycin 1 g injection, 1 vial

1 January 2025

Deletion – Brand

13419G *Cipla Bisoprolol, LR* – **BISOPROLOL**, bisoprolol fumarate 2.5 mg tablet, 28

13443M *Cipla Bisoprolol, LR* – **BISOPROLOL**, bisoprolol fumarate 5 mg tablet, 28

13444N *Cipla Bisoprolol, LR* – **BISOPROLOL**, bisoprolol fumarate 10 mg tablet, 28

8604W	<i>Cipla Bisoprolol, LR</i> – BISOPROLOL , bisoprolol fumarate 2.5 mg tablet, 28
8605X	<i>Cipla Bisoprolol, LR</i> – BISOPROLOL , bisoprolol fumarate 5 mg tablet, 28
8606Y	<i>Cipla Bisoprolol, LR</i> – BISOPROLOL , bisoprolol fumarate 10 mg tablet, 28
2896K	<i>Dimethyl Fumarate MSN, LR</i> – DIMETHYL FUMARATE , dimethyl fumarate 120 mg enteric capsule, 14
2943X	<i>Dimethyl Fumarate MSN, LR</i> – DIMETHYL FUMARATE , dimethyl fumarate 120 mg enteric capsule, 14
2966D	<i>Dimethyl Fumarate MSN, LR</i> – DIMETHYL FUMARATE , dimethyl fumarate 240 mg enteric capsule, 56
11692J	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 20 mg enteric tablet, 30
12283L	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 40 mg enteric tablet, 30
12287Q	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 20 mg enteric tablet, 30
14308C	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 20 mg enteric tablet, 30
14373L	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 40 mg enteric tablet, 30
14444F	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 20 mg enteric tablet, 30
14481E	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 20 mg enteric tablet, 30
14512T	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 40 mg enteric tablet, 30
3401B	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 40 mg enteric tablet, 30
8600P	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 20 mg enteric tablet, 30
8601Q	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 40 mg enteric tablet, 30
8886Q	<i>Esomeprazole Mylan, AL</i> – ESOMEPRAZOLE , esomeprazole 20 mg enteric tablet, 30
5262Y	<i>FINGOLIS, LR</i> – FINGOLIMOD , fingolimod 500 microgram capsule, 28
11625W	<i>Gentel, AQ</i> – HYPROMELLOSE , hypromellose 0.3% w/w eye drops, 10 mL
11625W	<i>In a Wink Moisturising, IQ</i> – HYPROMELLOSE , hypromellose 0.3% w/w eye drops, 10 mL
11634H	<i>Gentel, AQ</i> – HYPROMELLOSE , hypromellose 0.3% w/w eye drops, 10 mL
11634H	<i>In a Wink Moisturising, IQ</i> – HYPROMELLOSE , hypromellose 0.3% w/w eye drops, 10 mL
5519L	<i>Gentel gel, AQ</i> – HYPROMELLOSE + CARBOMER-980 , hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g
5519L	<i>HPMC PAA, IQ</i> – HYPROMELLOSE + CARBOMER-980 , hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g
8564R	<i>Gentel gel, AQ</i> – HYPROMELLOSE + CARBOMER-980 , hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g
8564R	<i>HPMC PAA, IQ</i> – HYPROMELLOSE + CARBOMER-980 , hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g
9215B	<i>Gentel gel, AQ</i> – HYPROMELLOSE + CARBOMER-980 , hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g
9215B	<i>HPMC PAA, IQ</i> – HYPROMELLOSE + CARBOMER-980 , hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g
2522R	<i>NortriTABS 10 mg, GH</i> – NORTRIPTYLINE , nortriptyline 10 mg tablet, 50
2523T	<i>NortriTABS 25 mg, GH</i> – NORTRIPTYLINE , nortriptyline 25 mg tablet, 50
1746X	<i>Parapane, AF</i> – PARACETAMOL , paracetamol 500 mg tablet, 100
5196L	<i>Parapane, AF</i> – PARACETAMOL , paracetamol 500 mg tablet, 100
5224Y	<i>Parapane, AF</i> – PARACETAMOL , paracetamol 500 mg tablet, 100
8784H	<i>Parapane, AF</i> – PARACETAMOL , paracetamol 500 mg tablet, 100
10004M	<i>Sunitinib MSN, LR</i> – SUNITINIB , sunitinib 12.5 mg capsule, 28
10009T	<i>Sunitinib MSN, LR</i> – SUNITINIB , sunitinib 12.5 mg capsule, 28
10010W	<i>Sunitinib MSN, LR</i> – SUNITINIB , sunitinib 50 mg capsule, 28
10459L	<i>Sunitinib MSN, LR</i> – SUNITINIB , sunitinib 37.5 mg capsule, 28
10464R	<i>Sunitinib MSN, LR</i> – SUNITINIB , sunitinib 37.5 mg capsule, 28
10473F	<i>Sunitinib MSN, LR</i> – SUNITINIB , sunitinib 37.5 mg capsule, 28
10503T	<i>Sunitinib MSN, LR</i> – SUNITINIB , sunitinib 37.5 mg capsule, 28
10504W	<i>Sunitinib MSN, LR</i> – SUNITINIB , sunitinib 37.5 mg capsule, 28
11250D	<i>Sunitinib MSN, LR</i> – SUNITINIB , sunitinib 50 mg capsule, 28

11253G *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 25 mg capsule, 28
11256K *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 37.5 mg capsule, 28
11266Y *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 12.5 mg capsule, 28
2837H *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 50 mg capsule, 28
2842N *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 25 mg capsule, 28
2959R *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 25 mg capsule, 28
9417P *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 12.5 mg capsule, 28
9418Q *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 25 mg capsule, 28
9419R *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 50 mg capsule, 28
9420T *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 12.5 mg capsule, 28
9421W *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 25 mg capsule, 28
9422X *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 50 mg capsule, 28
9488J *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 12.5 mg capsule, 28
9489K *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 25 mg capsule, 28
9490L *Sunitinib MSN, LR* – **SUNITINIB**, sunitinib 50 mg capsule, 28

1 February 2025

Deletion – Brand

12338J *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12359L *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12361N *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12364R *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12378L *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12379M *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12380N *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12382Q *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12391E *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12397L *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12398M *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12399N *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12400P *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12405X *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12410E *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12413H *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12421R *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12422T *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12430F *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12442W *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12451H *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12453K *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
12455M *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13208E *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13209F *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13213K *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13216N *Adalicip, LR* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

13217P	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13218Q	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13219R	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13220T	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13222X	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13704G	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13732R	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13763J	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
14586Q	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
14591Y	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
14628X	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
14629Y	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

Palliative Care

Additions

Addition – Item

14655H **MORPHINE**, morphine sulfate pentahydrate 30 mg tablet, 20 (*Anamorph*)

Deletions

Deletion – Brand

5355W *APO-Diazepam, TX* – **DIAZEPAM**, diazepam 2 mg tablet, 50

5356X *APO-Diazepam, TX* – **DIAZEPAM**, diazepam 5 mg tablet, 50

5368M *MEDICHOICE Ibuprofen 400 mg, NB* – **IBUPROFEN**, ibuprofen 400 mg tablet, 30

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

Deletion – Note

10957Q **BUPRENORPHINE**, buprenorphine 5 microgram/hour patch, 2 (*B-Patch, Bupredermal, Buprenorphine Sandoz, Norspan*)

10948F **BUPRENORPHINE**, buprenorphine 10 microgram/hour patch, 2 (*B-Patch, Bupredermal, Buprenorphine Sandoz, Norspan*)

10953L **BUPRENORPHINE**, buprenorphine 15 microgram/hour patch, 2 (*B-Patch, Bupredermal, Buprenorphine Sandoz, Norspan*)

10970J **BUPRENORPHINE**, buprenorphine 20 microgram/hour patch, 2 (*B-Patch, Bupredermal, Buprenorphine Sandoz, Norspan*)

10964C **BUPRENORPHINE**, buprenorphine 25 microgram/hour patch, 2 (*Bupredermal, Buprenorphine Sandoz, Norspan*)

10949G **BUPRENORPHINE**, buprenorphine 30 microgram/hour patch, 2 (*Bupredermal, Buprenorphine Sandoz, Norspan*)

10959T **BUPRENORPHINE**, buprenorphine 40 microgram/hour patch, 2 (*Bupredermal, Buprenorphine Sandoz, Norspan*)

5401G **FENTANYL**, fentanyl 200 microgram lozenge, 9 (*Actiq*)

5407N **FENTANYL**, fentanyl 200 microgram lozenge, 30 (*Actiq*)

5402H **FENTANYL**, fentanyl 400 microgram lozenge, 9 (*Actiq*)

5408P **FENTANYL**, fentanyl 400 microgram lozenge, 30 (*Actiq*)

5409Q **FENTANYL**, fentanyl 600 microgram lozenge, 30 (*Actiq*)

5410R **FENTANYL**, fentanyl 800 microgram lozenge, 30 (*Actiq*)

12491K **FENTANYL**, fentanyl 12 microgram/hour patch, 5 (*Denpax*)

12530L **FENTANYL**, fentanyl 12 microgram/hour patch, 5 (*Fenpatch 12*)

12541C **FENTANYL**, fentanyl 12 microgram/hour patch, 5 (*APO-Fentanyl, Durogesic 12, Fentanyl Sandoz*)

12516R **FENTANYL**, fentanyl 25 microgram/hour patch, 5 (*Denpax*)

12521B **FENTANYL**, fentanyl 25 microgram/hour patch, 5 (*Fenpatch 25*)

12504D **FENTANYL**, fentanyl 25 microgram/hour patch, 5 (*APO-Fentanyl, Durogesic 25, Fentanyl Sandoz*)

12546H **FENTANYL**, fentanyl 50 microgram/hour patch, 5 (*Denpax*)

12526G **FENTANYL**, fentanyl 75 microgram/hour patch, 5 (*Denpax*)

12513N **FENTANYL**, fentanyl 50 microgram/hour patch, 5 (*Fenpatch 50*)

12477Q **FENTANYL**, fentanyl 50 microgram/hour patch, 5 (*APO-Fentanyl, Durogesic 50, Fentanyl Sandoz*)

12533P **FENTANYL**, fentanyl 100 microgram/hour patch, 5 (*Denpax*)

12517T **FENTANYL**, fentanyl 75 microgram/hour patch, 5 (*Fenpatch 75*)

12474M **FENTANYL**, fentanyl 75 microgram/hour patch, 5 (*APO-Fentanyl, Durogesic 75, Fentanyl Sandoz*)

12480W **FENTANYL**, fentanyl 100 microgram/hour patch, 5 (*Fenpatch 100*)

12509J **FENTANYL**, fentanyl 100 microgram/hour patch, 5 (*APO-Fentanyl, Durogesic 100, Fentanyl Sandoz*)

10601Y **FENTANYL**, fentanyl 100 microgram sublingual tablet, 10 (*Abstral*)

10602B **FENTANYL**, fentanyl 100 microgram sublingual tablet, 30 (*Abstral*)

10684H **FENTANYL**, fentanyl 100 microgram orally disintegrating tablet, 28 (*Fentora*)

10729Q **FENTANYL**, fentanyl 100 microgram orally disintegrating tablet, 4 (*Fentora*)

10600X **FENTANYL**, fentanyl 200 microgram sublingual tablet, 10 (*Abstral*)

10607G **FENTANYL**, fentanyl 200 microgram sublingual tablet, 30 (*Abstral*)

10697B **FENTANYL**, fentanyl 200 microgram orally disintegrating tablet, 4 (*Fentora*)

10698C **FENTANYL**, fentanyl 200 microgram orally disintegrating tablet, 28 (*Fentora*)

10606F **FENTANYL**, fentanyl 300 microgram sublingual tablet, 10 (*Abstral*)

10610K **FENTANYL**, fentanyl 300 microgram sublingual tablet, 30 (*Abstral*)

10603C **FENTANYL**, fentanyl 400 microgram sublingual tablet, 10 (*Abstral*)

10608H **FENTANYL**, fentanyl 400 microgram sublingual tablet, 30 (*Abstral*)

10737D **FENTANYL**, fentanyl 400 microgram orally disintegrating tablet, 28 (*Fentora*)

10604D **FENTANYL**, fentanyl 600 microgram sublingual tablet, 10 (*Abstral*)

10613N **FENTANYL**, fentanyl 600 microgram sublingual tablet, 30 (*Abstral*)

10713W **FENTANYL**, fentanyl 600 microgram orally disintegrating tablet, 28 (*Fentora*)

10611L **FENTANYL**, fentanyl 800 microgram sublingual tablet, 30 (*Abstral*)

10612M **FENTANYL**, fentanyl 800 microgram sublingual tablet, 10 (*Abstral*)

10738E **FENTANYL**, fentanyl 800 microgram orally disintegrating tablet, 28 (*Fentora*)

12519X **HALOPERIDOL**, haloperidol 5 mg/mL injection, 10 x 1 mL ampoules (*Serenace*)

14193B **METHADONE**, methadone hydrochloride 10 mg/mL injection, 5 x 1 mL vials (*Physeptone*)

5399E **METHADONE**, methadone hydrochloride 5 mg/mL oral liquid, 200 mL (*Aspen Methadone Syrup*)

5400F **METHADONE**, methadone hydrochloride 5 mg/mL oral liquid, 200 mL (*Aspen Methadone Syrup*)

12520Y **METHADONE**, methadone hydrochloride 10 mg tablet, 20 (*Physeptone*)

11760Y **MORPHINE**, morphine sulfate pentahydrate 10 mg modified release capsule, 28 (*Kapanol*)

12501Y **MORPHINE**, morphine sulfate pentahydrate 10 mg modified release capsule, 28 (*Kapanol*)

11761B **MORPHINE**, morphine sulfate pentahydrate 20 mg modified release capsule, 28 (*Kapanol*)

12539Y **MORPHINE**, morphine sulfate pentahydrate 20 mg modified release capsule, 28 (*Kapanol*)

12490J **MORPHINE**, morphine sulfate pentahydrate 30 mg modified release capsule, 14 (*MS Mono*)

12489H **MORPHINE**, morphine sulfate pentahydrate 50 mg modified release capsule, 28 (*Kapanol*)

12487F **MORPHINE**, morphine sulfate pentahydrate 60 mg modified release capsule, 14 (*MS Mono*)

12514P **MORPHINE**, morphine sulfate pentahydrate 90 mg modified release capsule, 14 (*MS Mono*)

12529K **MORPHINE**, morphine sulfate pentahydrate 100 mg modified release capsule, 28 (*Kapanol*)

12512M	MORPHINE , morphine sulfate pentahydrate 120 mg modified release capsule, 14 (<i>MS Mono</i>)
12492L	MORPHINE , morphine sulfate pentahydrate 5 mg modified release tablet, 28 (<i>MS Contin</i>)
12547J	MORPHINE , morphine sulfate pentahydrate 10 mg modified release tablet, 28 (<i>MORPHINE MR APOTEX, MS Contin, Morphine MR Mylan</i>)
12476P	MORPHINE , morphine sulfate pentahydrate 15 mg modified release tablet, 28 (<i>MS Contin</i>)
12500X	MORPHINE , morphine sulfate pentahydrate 30 mg modified release tablet, 28 (<i>MORPHINE MR APOTEX, MS Contin, Morphine MR Mylan</i>)
12544F	MORPHINE , morphine sulfate pentahydrate 60 mg modified release tablet, 28 (<i>MORPHINE MR APOTEX, MS Contin, Morphine MR Mylan</i>)
12483B	MORPHINE , morphine sulfate pentahydrate 100 mg modified release tablet, 28 (<i>MORPHINE MR APOTEX, MS Contin, Morphine MR Mylan</i>)
5391R	MORPHINE , morphine sulfate pentahydrate 200 mg modified release tablet, 28 (<i>MS Contin</i>)
12518W	OXYCODONE , oxycodone hydrochloride 10 mg modified release tablet, 28 (<i>OxyContin, Oxycodone Sandoz</i>)
12545G	OXYCODONE , oxycodone hydrochloride 15 mg modified release tablet, 28 (<i>OxyContin</i>)
12510K	OXYCODONE , oxycodone hydrochloride 20 mg modified release tablet, 28 (<i>OxyContin, Oxycodone Sandoz</i>)
12538X	OXYCODONE , oxycodone hydrochloride 30 mg modified release tablet, 28 (<i>OxyContin</i>)
12525F	OXYCODONE , oxycodone hydrochloride 40 mg modified release tablet, 28 (<i>OxyContin, Oxycodone Sandoz</i>)
12527H	OXYCODONE , oxycodone hydrochloride 80 mg modified release tablet, 28 (<i>OxyContin, Oxycodone Sandoz</i>)
12471J	OXYCODONE + NALOXONE , oxycodone hydrochloride 2.5 mg + naloxone hydrochloride 1.25 mg modified release tablet, 28 (<i>Targin 2.5/1.25 mg</i>)
12522C	OXYCODONE + NALOXONE , oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28 (<i>Targin 5/2.5mg</i>)
12523D	OXYCODONE + NALOXONE , oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28 (<i>Targin 10/5mg</i>)
12540B	OXYCODONE + NALOXONE , oxycodone hydrochloride 15 mg + naloxone hydrochloride 7.5 mg modified release tablet, 28 (<i>Targin 15/7.5mg</i>)
12486E	OXYCODONE + NALOXONE , oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28 (<i>Targin 20/10mg</i>)
12532N	OXYCODONE + NALOXONE , oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28 (<i>Targin 30/15 mg</i>)
12475N	OXYCODONE + NALOXONE , oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28 (<i>Targin 40/20mg</i>)
12511L	OXYCODONE + NALOXONE , oxycodone hydrochloride 60 mg + naloxone hydrochloride 30 mg modified release tablet, 28 (<i>Targin 60/30</i>)
12498T	OXYCODONE + NALOXONE , oxycodone hydrochloride 80 mg + naloxone hydrochloride 40 mg modified release tablet, 28 (<i>Targin 80/40</i>)

Alterations

Alteration – Restriction

5401G	FENTANYL , fentanyl 200 microgram lozenge, 9 (<i>Actiq</i>)
5407N	FENTANYL , fentanyl 200 microgram lozenge, 30 (<i>Actiq</i>)
5402H	FENTANYL , fentanyl 400 microgram lozenge, 9 (<i>Actiq</i>)
5408P	FENTANYL , fentanyl 400 microgram lozenge, 30 (<i>Actiq</i>)
5409Q	FENTANYL , fentanyl 600 microgram lozenge, 30 (<i>Actiq</i>)
5410R	FENTANYL , fentanyl 800 microgram lozenge, 30 (<i>Actiq</i>)
10601Y	FENTANYL , fentanyl 100 microgram sublingual tablet, 10 (<i>Abstral</i>)
10602B	FENTANYL , fentanyl 100 microgram sublingual tablet, 30 (<i>Abstral</i>)
10600X	FENTANYL , fentanyl 200 microgram sublingual tablet, 10 (<i>Abstral</i>)
10607G	FENTANYL , fentanyl 200 microgram sublingual tablet, 30 (<i>Abstral</i>)
10606F	FENTANYL , fentanyl 300 microgram sublingual tablet, 10 (<i>Abstral</i>)

10610K	FENTANYL , fentanyl 300 microgram sublingual tablet, 30 (<i>Abstral</i>)
10603C	FENTANYL , fentanyl 400 microgram sublingual tablet, 10 (<i>Abstral</i>)
10608H	FENTANYL , fentanyl 400 microgram sublingual tablet, 30 (<i>Abstral</i>)
10604D	FENTANYL , fentanyl 600 microgram sublingual tablet, 10 (<i>Abstral</i>)
10613N	FENTANYL , fentanyl 600 microgram sublingual tablet, 30 (<i>Abstral</i>)
10611L	FENTANYL , fentanyl 800 microgram sublingual tablet, 30 (<i>Abstral</i>)
10612M	FENTANYL , fentanyl 800 microgram sublingual tablet, 10 (<i>Abstral</i>)

Alteration – Manufacturer Code

		<i>From</i>	<i>To</i>
5389P	<i>Molaxole</i> – MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE , macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets	GO	XT
10796F	<i>Parapane OSTEO</i> – PARACETAMOL , paracetamol 665 mg modified release tablet, 192	AF	XT
5343F	<i>Parapane OSTEO</i> – PARACETAMOL , paracetamol 665 mg modified release tablet, 96	AF	XT

Highly Specialised Drugs Program (Private Hospital)

Additions

Addition – Item

14639L	RISDIPLAM , risdiplam 750 microgram/mL powder for oral liquid, 80 mL (<i>Evrysdi</i>)
14647X	RISDIPLAM , risdiplam 750 microgram/mL powder for oral liquid, 80 mL (<i>Evrysdi</i>)

Deletions

Deletion – Item

12809E	RIBAVIRIN , ribavirin 200 mg tablet, 100 (<i>Ibavyr</i>)
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Deletion – Brand

12139X	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 62.5 mg tablet, 60
12143D	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 62.5 mg tablet, 60
12148J	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 62.5 mg tablet, 60
6429J	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 62.5 mg tablet, 60
12146G	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 125 mg tablet, 60
6430K	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 125 mg tablet, 60

Alterations

Alteration – Manufacturer Code

		<i>From</i>	<i>To</i>
11036W	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
11966T	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 28	CJ	BQ
12038N	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
12058P	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 14	CJ	BQ
12071H	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
12984J	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
13642B	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
2798G	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
9642L	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
11063G	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
11969Y	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 28	CJ	BQ
12004T	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 14	CJ	BQ
12050F	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ

12060R	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
12980E	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
13658W	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
2796E	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
9643M	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
11042E	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
11965R	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 28	CJ	BQ
12011E	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
12020P	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
12069F	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 14	CJ	BQ
12986L	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
13657T	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
9644N	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
11055W	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
12018M	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 14	CJ	BQ
12037M	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
12068E	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
12993W	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
13660Y	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
9645P	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
10417G	<i>Pomalyst</i> – POMALIDOMIDE , pomalidomide 3 mg capsule, 21	CJ	BQ
12668R	<i>Pomalyst</i> – POMALIDOMIDE , pomalidomide 3 mg capsule, 14	CJ	BQ
10386P	<i>Pomalyst</i> – POMALIDOMIDE , pomalidomide 4 mg capsule, 21	CJ	BQ
12661J	<i>Pomalyst</i> – POMALIDOMIDE , pomalidomide 4 mg capsule, 14	CJ	BQ
6469L	<i>Thalomid</i> – THALIDOMIDE , thalidomide 50 mg capsule, 28	CJ	BQ
9684Q	<i>Thalomid</i> – THALIDOMIDE , thalidomide 100 mg capsule, 28	CJ	BQ

Advance Notices

1 December 2024

Deletion – Brand

11069N	<i>Flolan, GK</i> – EPOPROSTENOL , epoprostenol 500 microgram injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack
11082G	<i>Flolan, GK</i> – EPOPROSTENOL , epoprostenol 1.5 mg injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack
11036W	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21
11042E	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21
11055W	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21
11063G	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21
11965R	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 28
11966T	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 28
11969Y	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 28
12004T	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 14
12011E	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21
12018M	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 14
12020P	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21
12037M	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21

12038N	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 5 mg capsule, 21
12050F	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 10 mg capsule, 21
12058P	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 5 mg capsule, 14
12060R	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 10 mg capsule, 21
12068E	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 25 mg capsule, 21
12069F	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 15 mg capsule, 14
12071H	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 5 mg capsule, 21
12980E	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 10 mg capsule, 21
12984J	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 5 mg capsule, 21
12986L	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 15 mg capsule, 21
12993W	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 25 mg capsule, 21
13642B	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 5 mg capsule, 21
13657T	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 15 mg capsule, 21
13658W	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 10 mg capsule, 21
13660Y	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 25 mg capsule, 21
2796E	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 10 mg capsule, 21
2798G	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 5 mg capsule, 21
9642L	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 5 mg capsule, 21
9643M	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 10 mg capsule, 21
9644N	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 15 mg capsule, 21
9645P	<i>Cipla Lenalidomide, LR</i> – LLENALIDOMIDE , lenalidomide 25 mg capsule, 21

1 February 2025

Deletion – Brand

12396K	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13210G	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

Highly Specialised Drugs Program (Public Hospital)

Additions

Addition – Item

14646W	RISDIPLAM , risdiplam 750 microgram/mL powder for oral liquid, 80 mL (<i>Evrysdi</i>)
14659M	RISDIPLAM , risdiplam 750 microgram/mL powder for oral liquid, 80 mL (<i>Evrysdi</i>)

Deletions

Deletion – Item

12786Y	RIBAVIRIN , ribavirin 200 mg tablet, 100 (<i>Ibavyr</i>)
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Deletion – Brand

12134P	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 62.5 mg tablet, 60
12140Y	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 62.5 mg tablet, 60
12145F	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 62.5 mg tablet, 60
5618Q	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 62.5 mg tablet, 60
12149K	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 125 mg tablet, 60
5619R	<i>BOSLEER, RW</i> – BOSENTAN , bosentan 125 mg tablet, 60

Alterations

Alteration – Note

- 13662C **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [7 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13666G **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [8 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13670L **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [3 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13671M **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13672N **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [4 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13677W **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [6 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13680B **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13663D **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [8.3 mL vial], 1 pack (*Zolgensma*)
- 13668J **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [7 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13669K **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13674Q **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 2 x 8.3 mL vials (*Zolgensma*)
- 13679Y **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [6 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13681C **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13682D **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [3 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13683E **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [4 x 8.3 mL vials], 1 pack (*Zolgensma*)
- 13678X **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 3 x 8.3 mL vials (*Zolgensma*)
- 13665F **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 4 x 8.3 mL vials (*Zolgensma*)
- 13667H **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 5 x 8.3 mL vials (*Zolgensma*)
- 13664E **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 6 x 8.3 mL vials (*Zolgensma*)
- 13675R **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 7 x 8.3 mL vials (*Zolgensma*)
- 13673P **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 8 x 8.3 mL vials (*Zolgensma*)
- 13676T **ONASEMNOGENE ABEPARVOVEC**, onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 9 x 8.3 mL vials (*Zolgensma*)

Alteration – Manufacturer Code

		<i>From</i>	<i>To</i>
11029L	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
11967W	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 28	CJ	BQ
12034J	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
12035K	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 14	CJ	BQ
12039P	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
12985K	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
13636Q	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
2799H	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
5783J	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21	CJ	BQ
11064H	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
11968X	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 28	CJ	BQ
12057N	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
12061T	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
12070G	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 14	CJ	BQ
12988N	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
13661B	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
2802L	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
5784K	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21	CJ	BQ
11062F	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
11964Q	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 28	CJ	BQ
12012F	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 14	CJ	BQ
12026Y	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
12062W	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
12991R	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
13641Y	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
5785L	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21	CJ	BQ
11041D	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
12019N	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 14	CJ	BQ
12036L	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
12059Q	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
12979D	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
13630J	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
5786M	<i>Revlimid</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21	CJ	BQ
10406Q	<i>Pomalyst</i> – POMALIDOMIDE , pomalidomide 3 mg capsule, 21	CJ	BQ
12666P	<i>Pomalyst</i> – POMALIDOMIDE , pomalidomide 3 mg capsule, 14	CJ	BQ
10387Q	<i>Pomalyst</i> – POMALIDOMIDE , pomalidomide 4 mg capsule, 21	CJ	BQ
12665N	<i>Pomalyst</i> – POMALIDOMIDE , pomalidomide 4 mg capsule, 14	CJ	BQ
9566L	<i>Thalomid</i> – THALIDOMIDE , thalidomide 50 mg capsule, 28	CJ	BQ
9667T	<i>Thalomid</i> – THALIDOMIDE , thalidomide 100 mg capsule, 28	CJ	BQ

Advance Notices

1 December 2024

Deletion – Brand

11065J	<i>Flolan, GK</i> – EPOPROSTENOL , epoprostenol 1.5 mg injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack
11090Q	<i>Flolan, GK</i> – EPOPROSTENOL , epoprostenol 500 microgram injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack
11029L	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21
11041D	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21
11062F	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21
11064H	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21
11964Q	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 28
11967W	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 28
11968X	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 28
12012F	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 14
12019N	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 14
12026Y	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21
12034J	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21
12035K	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 14
12036L	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21
12039P	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21
12057N	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21
12059Q	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21
12061T	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21
12062W	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21
12070G	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 14
12979D	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21
12985K	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21
12988N	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21
12991R	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21
13630J	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21
13636Q	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21
13641Y	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21
13661B	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21
2799H	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21
2802L	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21
5783J	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 5 mg capsule, 21
5784K	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 10 mg capsule, 21
5785L	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 15 mg capsule, 21
5786M	<i>Cipla Lenalidomide, LR</i> – LENALIDOMIDE , lenalidomide 25 mg capsule, 21

1 February 2025

Deletion – Brand

12431G	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes
13228F	<i>Adalicip, LR</i> – ADALIMUMAB , adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

Highly Specialised Drugs Program (Community Access)

Deletions

Deletion – Brand

- 10279B *ENTECLUDE, RW* – **ENTECAVIR**, entecavir 500 microgram tablet, 30
10353X *ENTECLUDE, RW* – **ENTECAVIR**, entecavir 1 mg tablet, 30

Deletion – Note

- 13328L **BUPRENORPHINE**, buprenorphine 8 mg/0.16 mL modified release injection, 0.16 mL syringe (*Buvidal Weekly*)
13297W **BUPRENORPHINE**, buprenorphine 16 mg/0.32 mL modified release injection, 0.32 mL syringe (*Buvidal Weekly*)
13296T **BUPRENORPHINE**, buprenorphine 24 mg/0.48 mL modified release injection, 0.48 mL syringe (*Buvidal Weekly*)
13314R **BUPRENORPHINE**, buprenorphine 32 mg/0.64 mL modified release injection, 0.64 mL syringe (*Buvidal Weekly*)
13298X **BUPRENORPHINE**, buprenorphine 64 mg/0.18 mL modified release injection, 0.18 mL syringe (*Buvidal Monthly*)
13309L **BUPRENORPHINE**, buprenorphine 96 mg/0.27 mL modified release injection, 0.27 mL syringe (*Buvidal Monthly*)
13320C **BUPRENORPHINE**, buprenorphine 100 mg/0.5 mL modified release injection, 0.5 mL syringe (*Sublocade*)
13302D **BUPRENORPHINE**, buprenorphine 128 mg/0.36 mL modified release injection, 0.36 mL syringe (*Buvidal Monthly*)
13303E **BUPRENORPHINE**, buprenorphine 160 mg/0.45 mL modified release injection, 0.45 mL syringe (*Buvidal Monthly*)
13327K **BUPRENORPHINE**, buprenorphine 300 mg/1.5 mL modified release injection, 1.5 mL syringe (*Sublocade*)
13310M **BUPRENORPHINE**, buprenorphine 400 microgram sublingual tablet, 7 (*Subutex*)
13336X **BUPRENORPHINE**, buprenorphine 2 mg sublingual tablet, 7 (*Subutex*)
13337Y **BUPRENORPHINE**, buprenorphine 8 mg sublingual tablet, 7 (*Subutex*)
13322E **BUPRENORPHINE + NALOXONE**, buprenorphine 2 mg + naloxone 500 microgram sublingual film, 28 (*Suboxone Film 2/0.5*)
13321D **BUPRENORPHINE + NALOXONE**, buprenorphine 8 mg + naloxone 2 mg sublingual film, 28 (*Suboxone Film 8/2*)
13333R **METHADONE**, methadone hydrochloride 5 mg/mL oral liquid, 1 L (*Aspen Methadone Syrup, Biodone Forte*)
13334T **METHADONE**, methadone hydrochloride 5 mg/mL oral liquid, 200 mL (*Aspen Methadone Syrup, Biodone Forte*)

Alterations

Alteration – Restriction

- 13328L **BUPRENORPHINE**, buprenorphine 8 mg/0.16 mL modified release injection, 0.16 mL syringe (*Buvidal Weekly*)
13297W **BUPRENORPHINE**, buprenorphine 16 mg/0.32 mL modified release injection, 0.32 mL syringe (*Buvidal Weekly*)
13296T **BUPRENORPHINE**, buprenorphine 24 mg/0.48 mL modified release injection, 0.48 mL syringe (*Buvidal Weekly*)
13314R **BUPRENORPHINE**, buprenorphine 32 mg/0.64 mL modified release injection, 0.64 mL syringe (*Buvidal Weekly*)
13298X **BUPRENORPHINE**, buprenorphine 64 mg/0.18 mL modified release injection, 0.18 mL syringe (*Buvidal Monthly*)
13309L **BUPRENORPHINE**, buprenorphine 96 mg/0.27 mL modified release injection, 0.27 mL syringe (*Buvidal Monthly*)
13320C **BUPRENORPHINE**, buprenorphine 100 mg/0.5 mL modified release injection, 0.5 mL syringe (*Sublocade*)
13302D **BUPRENORPHINE**, buprenorphine 128 mg/0.36 mL modified release injection, 0.36 mL syringe (*Buvidal Monthly*)
13303E **BUPRENORPHINE**, buprenorphine 160 mg/0.45 mL modified release injection, 0.45 mL syringe (*Buvidal Monthly*)
13327K **BUPRENORPHINE**, buprenorphine 300 mg/1.5 mL modified release injection, 1.5 mL syringe (*Sublocade*)
13310M **BUPRENORPHINE**, buprenorphine 400 microgram sublingual tablet, 7 (*Subutex*)
13336X **BUPRENORPHINE**, buprenorphine 2 mg sublingual tablet, 7 (*Subutex*)
13337Y **BUPRENORPHINE**, buprenorphine 8 mg sublingual tablet, 7 (*Subutex*)
13322E **BUPRENORPHINE + NALOXONE**, buprenorphine 2 mg + naloxone 500 microgram sublingual film, 28 (*Suboxone Film 2/0.5*)
13321D **BUPRENORPHINE + NALOXONE**, buprenorphine 8 mg + naloxone 2 mg sublingual film, 28 (*Suboxone Film 8/2*)
11315M **LANREOTIDE**, lanreotide 60 mg/0.5 mL injection, 0.5 mL syringe (*Mytolac, Somatuline Autogel*)
11316N **LANREOTIDE**, lanreotide 90 mg/0.5 mL injection, 0.5 mL syringe (*Mytolac, Somatuline Autogel*)
11289E **LANREOTIDE**, lanreotide 120 mg/0.5 mL injection, 0.5 mL syringe (*Mytolac, Somatuline Autogel*)
11736Q **LANREOTIDE**, lanreotide 120 mg/0.5 mL injection, 0.5 mL syringe (*Mytolac, Somatuline Autogel*)

- 13333R **METHADONE**, methadone hydrochloride 5 mg/mL oral liquid, 1 L (*Aspen Methadone Syrup, Biodone Forte*)
- 13334T **METHADONE**, methadone hydrochloride 5 mg/mL oral liquid, 200 mL (*Aspen Methadone Syrup, Biodone Forte*)

Advance Notices

1 December 2024

Deletion – Brand

- 10304H *Nevirapine Alphapharm, AF* – **NEVIRAPINE**, nevirapine 200 mg tablet, 60

1 January 2025

Deletion – Brand

- 10357D *Abacavir/Lamivudine Mylan, AF* – **ABACAVIR + LAMIVUDINE**, abacavir 600 mg + lamivudine 300 mg tablet, 30
- 11155D *Tenofovir Disoproxil Mylan, AF* – **TENOFOVIR DISOPROXIL**, tenofovir disoproxil maleate 300 mg tablet, 30
- 11982P *Tenofovir Disoproxil Mylan, AF* – **TENOFOVIR DISOPROXIL**, tenofovir disoproxil maleate 300 mg tablet, 30

IVF Program

Additions

Addition – Item

- 14656J **CHORIOGONADOTROPIN ALFA**, choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL syringe (*Ovidrel (USA)*)

Addition – Equivalence Indicator

- 6182J *Ovidrel, SG* – **CHORIOGONADOTROPIN ALFA**, choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL pen device

Addition – Note

- 6182J **CHORIOGONADOTROPIN ALFA**, choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL pen device (*Ovidrel*)

Repatriation Pharmaceutical Benefits

Deletions

Deletion – Brand

- 10177P *Pharmacy Action Laxative with Senna, GQ* – **DOCUSATE + SENNOSIDE B**, docusate sodium 50 mg + sennoside B 8 mg tablet, 90
- 14197F *Risedronate-GA, GN* – **RISEDRONATE**, risedronate sodium 35 mg tablet, 4
- 4444X *Risedronate-GA, GN* – **RISEDRONATE**, risedronate sodium 35 mg tablet, 4
- 4586J *Sildenafil generichealth, GQ* – **SILDENAFIL**, sildenafil 100 mg tablet, 4

Alterations

Alteration – Manufacturer Code

- | | | <i>From</i> | <i>To</i> |
|--------|---------------------------------------------------------------------------------------------|-------------|-----------|
| 10598T | <i>Parapane OSTEO</i> – PARACETAMOL , paracetamol 665 mg modified release tablet, 96 | AF | XT |

Advance Notices

1 January 2025

Deletion – Brand

- 10582Y *Parapane, AF* – **PARACETAMOL**, paracetamol 500 mg tablet, 100
- 10585D *Parapane, AF* – **PARACETAMOL**, paracetamol 500 mg tablet, 100

General Pharmaceutical Benefits

■ AMIODARONE

Note This drug has been reported to cause frequent and potentially serious toxicity.

Note Regular monitoring of hepatic and thyroid function is recommended.


Restricted benefit

Severe cardiac arrhythmias


Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

amiodarone hydrochloride 100 mg tablet, 30

2344J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	17.87	19.32	^a Aratac 100 [AF]	^a Cordarone X 100 [SW]

amiodarone hydrochloride 200 mg tablet, 30

2343H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	18.60	20.05	^a Amdarone [XT] ^a Aratac 200 [AF]	^a Amiodarone Sandoz [SZ] ^a Cordarone X 200 [SW]

■ ANASTROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.


Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

anastrozole 1 mg tablet, 30

8179L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	21.27	22.72	^a Anastrozole GH [GQ] ^a ANASTROZOLE-WGR [WG] ^a Arianna 1 [AF]	^a Anastrozole Sandoz [SZ] ^a APO-Anastrozole [TX]

■ ANASTROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.


Restricted benefit

Breast cancer

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 hormone receptor positive.

anastrozole 1 mg tablet, 30

13858J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*29.09	30.54	^a Anastrozole GH [GQ] ^a ANASTROZOLE-WGR [WG] ^a Arianna 1 [AF]	^a Anastrozole Sandoz [SZ] ^a APO-Anastrozole [TX]

■ APIXABAN

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.

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
	2	5	..	*125.37	31.60	Eliquis [BQ]

■ APIXABAN**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)****4269**

Prevention of stroke or systemic embolism

Clinical criteria:

- 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.

Authority required (STREAMLINED)**4099**

Deep vein thrombosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)**4268**


Pulmonary embolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 60

2735Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	67.65	31.60	Eliquis [BQ]

■ APIXABAN**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.

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)**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.

apixaban 5 mg tablet, 60

13525W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*122.25	31.60	Eliquis [BQ]

■ APOMORPHINE

Note Pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL pen device and pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL cartridge are equivalent for the purposes of substitution.

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

Authority required (STREAMLINED)**10844**

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices

12137T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	20	5	..	*2723.47	31.60	^a Movapo Pen [TD]

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges

12133N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	20	5	..	*2723.47	31.60	^a Apomine Intermittent [IT]

■ AURANOFIN

Caution Regular blood and urine checks are essential.


Restricted benefit

For prescribing by certain health practitioners


Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

auranofin 3 mg capsule, 60

2022K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	905.31	31.60	Ridaura [BZ]

auranofin 3 mg tablet, 60

1095P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	165.80	31.60	Ridaura [GH]

▪ CEFAZOLIN

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, suspected

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.


Restricted benefit

Septicaemia, proven


Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cefazolin 2 g injection, 10 vials

12118T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	46.68	31.60	Cephazolin Viatrix [AL]

cefazolin 1 g injection, 5 vials

1797N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	..	..	*22.07	23.52	Cefazolin-AFT [AE]

▪ CEFEPIME


Authority required

Febrile neutropenia


Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cefepime 1 g injection, 1 vial

8315P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	10	..	..	*53.57	31.60	Cefepime Kabi [PK]

cefepime 2 g injection, 1 vial

8316Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	10	..	..	*56.47	31.60	Cefepime Kabi [PK]

▪ CEFOTAXIME

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, suspected

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, proven

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

cefotaxime 1 g injection, 10 vials

1758M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	35.51	31.60	DBL Cefotaxime [PF]

▪ CEFTRIAXONE

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, suspected

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, proven

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 1 g injection, 10 vials

12114N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	0.5	..	..	*32.52	31.60	Ceftriaxone Viatrix [AL]

ceftriaxone 500 mg injection, 1 vial

1783W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	5	..	..	*26.92	28.37	Ceftriaxone-AFT [AE]

▪ CEFTRIAXONE

Note Pharmaceutical benefits that have the form ceftriaxone 2 g injection, 5 vials and pharmaceutical benefits that have the form ceftriaxone 2 g injection, 10 vials are equivalent for the purposes of substitution.

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, suspected

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Septicaemia, proven

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

ceftriaxone 2 g injection, 5 vials

11169W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	27.28	28.73	^a Ceftriaxone Viatrix [AL]

ceftriaxone 2 g injection, 10 vials

12112L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	0.5	..	..	*32.65	31.60	^a Ceftriaxone Viatrix [AL]

▪ CHLORMETHINE

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 number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Mycosis fungoides cutaneous T-cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be any of: (i) Stage IA, (ii) IIA, (iii) IB mycosis fungoides cutaneous T-cell lymphoma, **AND**
- The condition must have been confirmed through a diagnostic lesion biopsy from an Approved Pathology Authority, **AND**
- The condition must cover either of which: (i) no more than 10% of the patient's body surface area, (ii) no more than 25% of the patient's body surface area, **AND**
- Patient must be treated by at least one of the following prescriber types (i) dermatologist, (ii) haematologist, **AND**
- The treatment must be approved for 1 unit if the condition is no more than 10% of the patient's body surface area to provide 4 weeks of treatment per script; OR
- The treatment must be approved for 2 units if the condition is no more than 25% of the patient's body surface area to provide 4 weeks of treatment per script.

Population criteria:

- Patient must be at least 18 years of age.

Confirmation of eligibility for treatment with diagnostic reports must be documented in the patient's medical records.

Authority required

Mycosis fungoides cutaneous T-cell lymphoma

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 developed disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be treated by at least one of the following prescriber types (i) dermatologist, (ii) haematologist, **AND**
- The treatment must be approved for 1 unit if the condition is no more than 10% of the patient's body surface area to provide 4 weeks of treatment per script; OR
- The treatment must be approved for 2 units if the condition is no more than 25% of the patient's body surface area to provide 4 weeks of treatment per script.

chlormethine 0.016% (160 microgram/g) gel, 60 g

14658L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*3406.79	31.60	Ledaga [JZ]

▪ **CHLORPROMAZINE**


Restricted benefit

For prescribing by certain health practitioners


Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.


chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules

1195X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	34.45	31.60	Largactil [IX]


chlorpromazine hydrochloride 5 mg/mL oral liquid, 100 mL

1201F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	±1	5	..	24.91	26.36	Largactil [IX]

chlorpromazine hydrochloride 100 mg tablet, 100

1199D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	28.55	30.00	Largactil [IX]

chlorpromazine hydrochloride 25 mg tablet, 100

1197B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	18.45	19.90	Largactil [IX]

▪ **CHORIOGONADOTROPIN ALFA**

Note Pharmaceutical benefits that have the form choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled syringe (Ovidrel USA) can be substituted for choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled pen in the case of a shortage.

Restricted benefit

Infertility indications other than that of Assisted Reproductive Technology

Treatment criteria:

- Patient must not be undergoing treatment with medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule, **AND**
- Patient must not be undergoing simultaneous treatment with this drug through another PBS program listing, **AND**
- Must be treated by an obstetrician/gynaecologist; OR
- Must be treated by a specialist in reproductive endocrinology/infertility; OR
- Must be treated by a urogynaecologist; OR
- Must be treated by an endocrinologist; OR
- Must be treated by a urologist.

The PBS prescription, whether it is to initiate or continue treatment, must be made out under the specialist's prescriber number.

choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL pen device

13300B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	4	5	..	*220.03	31.60	^a Ovidrel [SG]

choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL syringe

14640M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	4	5	..	*517.83	31.60	^a Ovidrel (USA) [SG]

▪ DABIGATRAN

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:

- 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 150 mg capsule, 60

13489Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*92.77	31.60	^a ARX-Dabigatran [XT] ^a PHARMACOR DABIGATRAN [CR]	^a Dabigatran Sandoz [SZ] ^a Pradaxa [BY]

dabigatran etexilate 110 mg capsule, 60

13523R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*93.33	31.60	^a ARX-Dabigatran [XT] ^a PHARMACOR DABIGATRAN [CR]	^a Dabigatran Sandoz [SZ] ^a Pradaxa [BY]

▪ DAPAGLIFLOZIN + SITAGLIPTIN

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 Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

- A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
- Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

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)**15269**

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

dapagliflozin 10 mg + sitagliptin 100 mg tablet, 28

14638K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	70.23	31.60	Sidapvia 10/100 [AP]

▪ DAPAGLIFLOZIN + SITAGLIPTIN**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** Definition:

A HbA1c measurement greater than 7% despite treatment with the specified prior therapy/therapies indicates inadequate responsiveness. Where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2-week period indicates inadequate responsiveness.

Blood glucose monitoring is an alternative to HbA1c measurement where at least one of the following circumstances applies:

- (a) A clinical condition with reduced red blood cell survival (inclusive of haemolytic anaemias, haemoglobinopathies),
 (b) Red cell transfusion within the previous 3 months.

Document HbA1c measurements (blood glucose measurements where relevant), as well as any intolerances/contraindications in the patient's medical records.

Note Abbreviations used in the restriction are as follows:

SGLT2 - sodium glucose co-transporter-2 inhibitor (drug names ending in 'flozin')

DPP4 - dipeptidyl peptidase-4 inhibitor (drug names ending in 'gliptin')

GLP-1 - glucagon-like peptide-1 receptor agonist

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)**15270**

Diabetes mellitus type 2

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 at least metformin, **AND**
- The condition must be inadequately responsive to dual therapy consisting of metformin with either: a DDP-4 inhibitor, an SGLT2 inhibitor.

Treatment criteria:

- Patient must not be undergoing concomitant PBS-subsidised treatment with any of: a GLP-1 receptor agonist, another SGLT2 inhibitor, another DPP4 inhibitor.

dapagliflozin 10 mg + sitagliptin 100 mg tablet, 28

14645T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*127.67	31.60	Sidapvia 10/100 [AP]

▪ DIGOXIN**Restricted benefit**

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

digoxin 50 microgram/mL oral liquid, 60 mL

3164M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	3	..	*43.67	31.60	Lanoxin [AS]

digoxin 250 microgram tablet, 100

1322N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	1	..	17.37	18.82	^a Sigmaxin [LN]
			^b 2.41	19.78	18.82	^a Lanoxin [AS]

digoxin 62.5 microgram tablet, 200

2605D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	1	..	17.37	18.82	^a Sigmaxin-PG [LN]
			^B 2.41	19.78	18.82	^a Lanoxin-PG [AS]

DISOPYRAMIDE

Note Pharmaceutical benefits that have the form disopyramide 100 mg capsule in a pack size of 84 can be substituted for a pack size of 100 in the case of a shortage.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

disopyramide 100 mg capsule, 100

2923W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	25.93	27.38	^a Rythmodan [PB]

disopyramide 100 mg capsule, 84

13280Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1.19	5	..	*87.21	31.60	^a Rythmodan (Canada) [OJ]

EPTINEZUMAB

Note Eptinezumab at a dose of 300 mg, once every twelve weeks, is not subsidised on the PBS.

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)**16018**

Chronic migraine

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine days per month documented in their medical records.

eptinezumab 100 mg/mL injection, 1 mL vial

13342F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	1448.78	31.60	Vyepti [LU]

ESTRADIOL

Note Estradiol should be used in conjunction with progestogen in women with an intact uterus.


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.


estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets

8286D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	‡1	5	..	25.63	27.08	Sandrena [OX]


estradiol 37.5 microgram/24 hours patch, 8

8762E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
 8762E	±1	5	..	30.28	31.60	^a Estradiol Transdermal System (Sandoz, USA) [HX]	^a Estradot 37.5 [SZ]


estradiol 0.1% (1 mg/g) gel, 28 x 500 mg sachets

14653F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 14653F	1	5	..	21.98	23.43	Sandrena [OX]


estradiol 75 microgram/24 hours patch, 8

8764G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
 8764G	±1	5	..	29.45	30.90	^a Estradiol Transdermal System (Sandoz, USA) [HX]	^a Estradot 75 [SZ]


estradiol 100 microgram/24 hours patch, 8

8312L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 8312L	±1	5	..	26.82	28.27	Estraderm MX 100 [JU]


estradiol 100 microgram/24 hours patch, 8

8765H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
 8765H	±1	5	..	28.84	30.29	^a Estradiol Transdermal System (Sandoz, USA) [HX]	^a Estradot 100 [SZ]

estradiol 50 microgram/24 hours patch, 8

8140K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 8140K	±1	5	..	24.99	26.44	Estraderm MX 50 [JU]


estradiol 50 microgram/24 hours patch, 8

8763F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 8763F	±1	5	..	28.19	29.64	Estradot 50 [SZ]

estradiol 75 microgram/24 hours patch, 24

14652E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 14652E	±1	1	..	130.28	31.60	Estramon 75 (Germany) [DZ]


estradiol 25 microgram/24 hours patch, 8

8311K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 8311K	±1	5	..	24.99	26.44	Estraderm MX 25 [JU]


estradiol 25 microgram/24 hours patch, 8

8761D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 8761D	±1	5	..	28.93	30.38	Estradot 25 [SZ]


estradiol 100 microgram/24 hours patch, 24

14651D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 14651D	±1	1	..	120.17	31.60	Estramon 100 (Germany) [DZ]

estradiol 50 microgram/24 hours patch, 24

14660N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 14660N	±1	1	..	84.39	31.60	Estramon 50 (Germany) [DZ]

estradiol 37.5 microgram/24 hours patch, 24

14648Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 14648Y	±1	1	..	100.47	31.60	Estramon 37.5 (Germany) [DZ]

■ ESTRADIOL

Note Estradiol should be used in conjunction with progestogen in women with an intact uterus.


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.

estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets

14026F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
 14026F	±2	5	..	*37.81	31.60	Sandrena [OX]

estradiol 0.1% (1 mg/g) gel, 28 x 500 mg sachets

14642P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*30.51	31.60	Sandrena [OX]

EXEMESTANE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years, i.e. a patient who has received 2 years of tamoxifen therapy may only receive 3 years of PBS-subsidised treatment with exemestane.

Restricted benefit

Breast cancer

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 hormone receptor positive.

exemestane 25 mg tablet, 30

13857H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*104.33	31.60	^a APO-Exemestane [TX]	^a Exemestane GH [GQ]
						^a Exemestane Sandoz [SZ]	^a EXEMESTANE-WGR [WG]
			^b 6.56	*110.89	31.60	^a Aromasin [PF]	

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.

ezetimibe 10 mg tablet, 30

8757X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.10	20.55	^a APO-Ezetimibe [TX]	^a BTC Ezetimibe [BG]
						^a EZEMICHOL [RW]	^a Ezetimibe GH [GQ]
						^a Ezetimibe Sandoz [SZ]	^a EZETIMIBE-WGR [WG]
						^a Pharmacor Ezetimibe 10 [CR]	^a Zient 10mg [AF]
			^b 2.16	21.26	20.55	^a Ezetrol [AL]	

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.

Restricted benefit

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

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	..	*24.75	26.20	^a APO-Ezetimibe [TX]	^a BTC Ezetimibe [BG]
						^a EZEMICHOL [RW]	^a Ezetimibe GH [GQ]
						^a Ezetimibe Sandoz [SZ]	^a EZETIMIBE-WGR [WG]
						^a Pharmacor Ezetimibe 10 [CR]	^a Zient 10mg [AF]
			^b 4.32	*29.07	26.20	^a Ezetrol [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.

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

10208G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	..	22.10	23.55	^a Ezalo Composite Pack 10mg+10mg [AF]	^a Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]
			^b 2.97	25.07	23.55	^a Rosuzet Composite Pack [AL]	

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

10201X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	..	21.93	23.38	^a Ezalo Composite Pack 10mg+20mg [AF]	^a Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]

^B2.98 24.91 23.38 ^a Rosuzet Composite Pack [AL]

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

10207F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±1	5	..	23.07	24.52	^a Ezalo Composite Pack 10mg+40mg [AF]	^a Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]
			^B 3.09	26.16	24.52	^a Rosuzet Composite Pack [AL]	

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

10204C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	±1	5	..	20.72	22.17	^a Ezalo Composite Pack 10mg+5mg [AF]	
			^B 2.87	23.59	22.17	^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.

Restricted benefit

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

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	..	*30.75	31.60	^a Ezalo Composite Pack 10mg+10mg [AF]	^a Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]
			^B 5.94	*36.69	31.60	^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	..	*30.41	31.60	^a Ezalo Composite Pack 10mg+20mg [AF]	^a Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]
			^B 5.96	*36.37	31.60	^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	..	*32.69	31.60	^a Ezalo Composite Pack 10mg+40mg [AF]	^a Pharmacor Ezetimibe Rosuvastatin Composite Pack [CR]
			^B 6.18	*38.87	31.60	^a Rosuzet Composite Pack [AL]	

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	Brand Name and Manufacturer
NP	±2	5	..	*27.99	29.44	^a Ezalo Composite Pack 10mg+5mg [AF]	
			^B 5.74	*33.73	29.44	^a Rosuzet Composite Pack [AL]	

■ 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.

ezetimibe 10 mg + atorvastatin 10 mg tablet, 30

10392Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.95	22.40	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/10 [GQ]
			^B 2.15	23.10	22.40	^a Atozet [AF]	

ezetimibe 10 mg + atorvastatin 20 mg tablet, 30

10393B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	21.51	22.96	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/20 [GQ]
			^B 2.16	23.67	22.96	^a Atozet [AF]	

ezetimibe 10 mg + atorvastatin 40 mg tablet, 30

10377E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.42	23.87	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/40 [GQ]
			^B 2.22	24.64	23.87	^a Atozet [AF]	

ezetimibe 10 mg + atorvastatin 80 mg tablet, 30

10376D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	23.41	24.86	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/80 [GQ]
			^B 2.21	25.62	24.86	^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.

Restricted benefit

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

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
NP	2	5	..	*28.45	29.90	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/10 [GQ]
			^B 4.30	*32.75	29.90	^a Atozet [AF]	

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	..	*29.57	31.02	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/20 [GQ]
			^B 4.32	*33.89	31.02	^a Atozet [AF]	

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	..	*31.39	31.60	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/40 [GQ]
			^B 4.44	*35.83	31.60	^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
NP	2	5	..	*33.37	31.60	^a Ezetast [XT]	^a Ezetimibe/Atorvastatin GH 10/80 [GQ]
			^B 4.42	*37.79	31.60	^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.

ezetimibe 10 mg + simvastatin 10 mg tablet, 30

9483D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	21.80	23.25	^a APO-Ezetimibe/Simvastatin 10/10 [TX]	^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						^a EZETIMIBE/SIMVASTATIN-WGR 10/10 [WG]	^a EZETORIN [RW]
						^a EzSimva GH 10/10 [GQ]	^a Pharmacor Ezetimibe Simvastatin 10/10 [CR]
						^a Vytorin [AL]	^a Zeklen 10/10 mg [AF]
						^a Zimybe 10/10 [MQ]	

ezetimibe 10 mg + simvastatin 20 mg tablet, 30

9484E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.22	23.67	^a APO-Ezetimibe/Simvastatin 10/20 [TX]	^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						^a EZETIMIBE/SIMVASTATIN-WGR 10/20 [WG]	^a EZETORIN [RW]
						^a EzSimva GH 10/20 [GQ]	^a Pharmacor Ezetimibe Simvastatin 10/20 [CR]
						^a Vytorin [AL]	^a Zeklen 10/20 mg [AF]
						^a Zimybe 10/20 [MQ]	

ezetimibe 10 mg + simvastatin 40 mg tablet, 30

8881K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.81	24.26	^a APO-Ezetimibe/Simvastatin 10/40 [TX]	^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						^a EZETIMIBE/SIMVASTATIN-WGR 10/40 [WG]	^a EZETORIN [RW]

- ^a EzSimva GH 10/40 [GQ]
- ^a Vytorin [AL]
- ^a Zimybe 10/40 [MQ]
- ^a Pharmacor Ezetimibe Simvastatin 10/40 [CR]
- ^a Zeklen 10/40 mg [AF]

ezetimibe 10 mg + simvastatin 80 mg tablet, 30

8882L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	23.64	25.09	^a APO-Ezetimibe/Simvastatin 10/80 [TX]	^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						^a EZETIMIBE/SIMVASTATIN-WGR 10/80 [WG]	^a EZETORIN [RW]
						^a EzSimva GH 10/80 [GQ]	^a Pharmacor Ezetimibe Simvastatin 10/80 [CR]
						^a Vytorin [AL]	^a Zeklen 10/80 mg [AF]
						^a Zimybe 10/80 [MQ]	

■ 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.

Restricted benefit

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

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	..	*30.15	31.60	^a APO-Ezetimibe/Simvastatin 10/10 [TX]	^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						^a EZETIMIBE/SIMVASTATIN-WGR 10/10 [WG]	^a EZETORIN [RW]
						^a EzSimva GH 10/10 [GQ]	^a Pharmacor Ezetimibe Simvastatin 10/10 [CR]
						^a Vytorin [AL]	^a Zeklen 10/10 mg [AF]
						^a Zimybe 10/10 [MQ]	

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	..	*30.99	31.60	^a APO-Ezetimibe/Simvastatin 10/20 [TX]	^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						^a EZETIMIBE/SIMVASTATIN-WGR 10/20 [WG]	^a EZETORIN [RW]
						^a EzSimva GH 10/20 [GQ]	^a Pharmacor Ezetimibe Simvastatin 10/20 [CR]
						^a Vytorin [AL]	^a Zeklen 10/20 mg [AF]
						^a Zimybe 10/20 [MQ]	

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	..	*32.17	31.60	^a APO-Ezetimibe/Simvastatin 10/40 [TX]	^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						^a EZETIMIBE/SIMVASTATIN-WGR 10/40 [WG]	^a EZETORIN [RW]
						^a EzSimva GH 10/40 [GQ]	^a Pharmacor Ezetimibe Simvastatin 10/40 [CR]
						^a Vytorin [AL]	^a Zeklen 10/40 mg [AF]
						^a Zimybe 10/40 [MQ]	

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	..	*33.83	31.60	^a APO-Ezetimibe/Simvastatin 10/80 [TX]	^a EZETIMIBE/SIMVASTATIN SANDOZ [SZ]
						^a EZETIMIBE/SIMVASTATIN-WGR 10/80 [WG]	^a EZETORIN [RW]
						^a EzSimva GH 10/80 [GQ]	^a Pharmacor Ezetimibe Simvastatin 10/80 [CR]
						^a Vytorin [AL]	^a Zeklen 10/80 mg [AF]
						^a Zimybe 10/80 [MQ]	

■ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 12 microgram/hour patch are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority required (STREAMLINED)

15996

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

16000

Chronic severe disabling pain
Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:


- (i) is less than 12 months; or
- (ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or
- (iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or
- (iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.


Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).


fentanyl 12 microgram/hour patch, 5

5265D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	24.00	25.45	^a Denpax [AF]

fentanyl 12 microgram/hour patch, 5

5437E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	25.22	26.67	^a Fenpatch 12 [RW]

fentanyl 12 microgram/hour patch, 5

8878G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	24.00	25.45	^a APO-Fentanyl [TX] ^a Fentanyl Sandoz [SZ]	^a Durogesic 12 [JC]

▪ **FENTANYL**

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 25 microgram/hour patch are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

15996

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fenfentanyl 25 microgram/hour patch, 5

5277R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	25.41	26.86	^a Denpax [AF]

fenfentanyl 25 microgram/hour patch, 5

5438F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	26.96	28.41	^a Fenpatch 25 [RW]

fenfentanyl 25 microgram/hour patch, 5

8891Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	25.41	26.86	^a APO-Fentanyl [TX] ^a Fentanyl Sandoz [SZ]	^a Durogesic 25 [JC]

■ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 50 microgram/hour patch are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority required (STREAMLINED)**15996**

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)**15994**

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

- (i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or
- (ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or
- (iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:


- (i) is less than 12 months; or
- (ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or
- (iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or
- (iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.


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Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).


fentanyl 50 microgram/hour patch, 5

5278T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	30.92	31.60	^a Denpax [AF]

fentanyl 50 microgram/hour patch, 5

5439G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	33.76	31.60	^a Fenpatch 50 [RW]

fentanyl 50 microgram/hour patch, 5

8892B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	30.92	31.60	^a APO-Fentanyl [TX] ^a Fentanyl Sandoz [SZ]	^a Durogesic 50 [JC]

■ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 75 microgram/hour patch are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

15996

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

- (i) is less than 12 months; or
- (ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or
- (iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or
- (iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

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Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 75 microgram/hour patch, 5

5279W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	35.39	31.60	^a Denpax [AF]

fentanyl 75 microgram/hour patch, 5

5440H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	39.30	31.60	^a Fenpatch 75 [RW]

fentanyl 75 microgram/hour patch, 5

8893C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	35.39	31.60	^a APO-Fentanyl [TX]	^a Durogesic 75 [JC]
						^a Fentanyl Sandoz [SZ]	

■ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 100 microgram/hour patch are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

15996

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

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Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or


(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 100 microgram/hour patch, 5

5280X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	39.38	31.60	^a Denpax [AF]

fentanyl 100 microgram/hour patch, 5

5441J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	44.01	31.60	^a Fenpatch 100 [RW]

fentanyl 100 microgram/hour patch, 5

8894D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	39.38	31.60	^a APO-Fentanyl [TX] ^a Fentanyl Sandoz [SZ]	^a Durogesic 100 [JC]

▪ FLECAINIDE

Caution Flecainide acetate should be avoided in patients with poor cardiac function.

Restricted benefit

Serious supra-ventricular cardiac arrhythmias

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Serious ventricular cardiac arrhythmias

Clinical criteria:

- The treatment must be initiated in a hospital.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

flecainide acetate 100 mg tablet, 60

1090J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	30.64	31.60	^a APO-Flecainide [TX] ^a Flecatab [AF]	^a Flecainide Sandoz [SZ]
			^b 6.12	36.76	31.60	^a Tambocor [IL]	

flecainide acetate 50 mg tablet, 60

1088G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	27.32	28.77	^a APO-Flecainide [TX] ^a Flecatab [AF]	^a Flecainide Sandoz [SZ]
			^b 5.65	32.97	28.77	^a Tambocor [IL]	

▪ FLUCONAZOLE

Note Not for use in vulvovaginal candida infections.

Authority required (STREAMLINED)

15984

Cryptococcal meningitis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

15975

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

6023

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6030

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)

5989

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)**16034**

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

fluconazole 50 mg capsule, 28

1471K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.84	21.29	^a Dizole 50 [XT]	^a Fluconazole Sandoz [SZ]
						^a Ozole [RA]	
			^b 9.25	29.09	21.29	^a Diflucan [PF]	

fluconazole 100 mg capsule, 28

1472L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	25.86	27.31	^a Dizole 100 [XT]	^a Fluconazole Sandoz [SZ]
						^a Ozole [RA]	
			^b 4.25	30.11	27.31	^a Diflucan [PF]	

fluconazole 200 mg capsule, 28

1475P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	37.62	31.60	^a APO-Fluconazole [TX]	^a Dizole 200 [XT]
						^a Fluconazole APOTEX [GX]	^a Fluconazole Sandoz [SZ]
						^a FLUCONAZOLE-WGR [WG]	^a Fluzole 200 [RW]
						^a Ozole [RA]	
			^b 7.16	44.78	31.60	^a Diflucan [PF]	

FLUCONAZOLE**Note** Not for use in vulvovaginal candida infections.**Authority required (STREAMLINED)****16141**

Cryptococcal meningitis

Clinical criteria:

- Patient must be unable to take a solid dose form of fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)**16148**

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)**6031**

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)**6032**

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6046

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

16114

Fungal infection


Clinical criteria:

- The condition must be serious or life-threatening, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

fluconazole 50 mg/5 mL powder for oral liquid, 35 mL

5446P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	#70.16	31.60	Diflucan [PF]

▪ **FLUTAMIDE**

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)


5729

Metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

flutamide 250 mg tablet, 100

1417N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	175.70	31.60	Flutamin [AF]

▪ **FREMANEZUMAB**

Note Pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL syringes and pharmaceutical benefits that have the form fremanezumab 225 mg/1.5 mL pen devices are equivalent for the purposes of substitution.

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)

16104

Treatment-resistant migraine

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced at least 8 migraine headache days per month, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.
- Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine headache days per month documented in their medical records.

fremanezumab 225 mg/1.5 mL injection, 1.5 mL pen device

13115G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	2	..	560.39	31.60	^a Ajovy [TB]

fremanezumab 225 mg/1.5 mL injection, 1.5 mL syringe

12611R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	2	..	560.39	31.60	^a Ajovy [TB]

▪ GALCANEZUMAB

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)**16018**

Chronic migraine

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a general practitioner in consultation with a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by their practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be at least 18 years of age.
- Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine days per month documented in their medical records.

galcanezumab 120 mg/mL injection, 1 mL pen device

12478R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	1	..	*1037.61	31.60	Emgality [LY]

▪ GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS AND LOW PHENYLALANINE

Note This product does not contain any vitamins, is low in mineral content and is not intended as a sole source of nutrition.

Restricted benefit

Phenylketonuria

glycomacropeptide formula with amino acids and low phenylalanine powder for oral liquid, 30 x 12.5 g sachets

14650C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	5	5	..	*1317.87	31.60	PKU GMPPro MIX-IN [SB]

NP

▪ GLYCOMACROPEPTIDE FORMULA WITH AMINO ACIDS, VITAMINS, MINERALS, TRACE ELEMENTS, CARBOHYDRATE, FAT AND LOW PHENYLALANINE**Restricted benefit**

Phenylketonuria

glycomacropeptide formula with amino acids, vitamins, minerals, trace elements, carbohydrate, fat and low phenylalanine powder for oral liquid, 30 x 33.4 g sachets

14644R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	4	5	..	*2085.39	31.60	PKU GMPPro ULTRA [SB]

NP

▪ ISONIAZID**Restricted benefit**

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

isoniazid 100 mg tablet, 100

1554T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	2	..	21.73	23.18	Arrow Pharma Pty Ltd [RW]

NP

▪ ITRACONAZOLE

Note Not for use in vulvovaginal candida infections.

Note Not for use in superficial mycoses

Note One capsule of itraconazole 50 mg (Lozanoc) is therapeutically equivalent to one 100 mg capsule of conventional itraconazole capsules. The recommended dose for Lozanoc is therefore half the recommended dose for conventional itraconazole capsules. Lozanoc 50 mg capsules and conventional itraconazole 100 mg capsules are not interchangeable.

Authority required (STREAMLINED)

16119

Systemic aspergillosis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

15978

Systemic sporotrichosis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16035

Systemic histoplasmosis

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16099

Disseminated pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16101

Chronic pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16073

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16102

Oesophageal candidiasis


Clinical criteria:

- Patient must be immunosuppressed.


Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

itraconazole 100 mg capsule, 60

8196J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	118.22	31.60	^a Itracap [AF]	^a ITRANOX [RW]

itraconazole 50 mg capsule, 60

10732W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	118.22	31.60	Lozanoc [YN]

LANADELUMAB

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

Note Special Pricing Arrangements apply.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis)

Clinical criteria:

- Patient must have experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment with this drug, **AND**
- Patient must not have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema at the time of application, **AND**
- The treatment must not be used in combination with a C1-esterase inhibitor concentrate.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

For the purposes of administering this restriction, acute attacks of hereditary angioedema are those of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate

The baseline measurement of the number of treated acute attacks of hereditary angioedema within the 6 months prior to initiating treatment must be provided at the time of submitting this application.

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 treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 2: New patient (commencing from National Blood Authority-funded C1-INH)

Clinical criteria:

- Patient must have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving lanadelumab, **AND**
- The treatment must not be used in combination with a C1-esterase inhibitor concentrate.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

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 treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Continuing preventative treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**

- The treatment must not be PBS-subsidised in combination with a C1-esterase inhibitor concentrate.

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 aged 12 years or older.

Patients who have successfully transitioned to a lower dosing frequency should be reviewed every 6 months to ensure they continue to demonstrate a sustained response

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

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).

Ianadelumab 300 mg/2 mL injection, 2 mL syringe

12790E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	18602.70	31.60	Takhzyro [TK]

▪ **LETROZOLE**

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

letrozole 2.5 mg tablet, 30

8245Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	23.91	25.36	^a ARX-LETROZOLE [XT]	^a Femolet [AF]
						^a Gynotril [ZS]	^a Letrozole APOTEX [GX]
						^a Letrozole GH [HQ]	^a Letrozole Sandoz [SZ]
						^a LETROZOLE-WGR [WG]	^a Pharmacor Letrozole 2.5 [CR]
						^b 2.64	26.55	25.36	^{a} Femara 2.5 mg [NV]

▪ **LETROZOLE**

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Restricted benefit

Breast cancer

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 hormone receptor positive.

letrozole 2.5 mg tablet, 30

13939P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*34.37	31.60	^a ARX-LETROZOLE [XT]	^a Femolet [AF]
						^a Gynotril [ZS]	^a Letrozole APOTEX [GX]
						^a Letrozole GH [HQ]	^a Letrozole Sandoz [SZ]
						^a LETROZOLE-WGR [WG]	^a Pharmacor Letrozole 2.5 [CR]
						^b 5.28	*39.65	31.60	^{a} Femara 2.5 mg [NV]

▪ **LIDOCAINE**

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

lidocaine hydrochloride 10% (500 mg/5 mL) injection, 10 x 5 mL ampoules

2876J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	35.56	31.60	Xylocard 500 [AS]

▪ METHADONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note This treatment is not recommended for use in ambulant patients.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Authority required (STREAMLINED)

15996

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or (iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

methadone hydrochloride 10 mg tablet, 20

1609Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	24.13	25.58	Physeptone [AS]

■ METHADONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note This treatment is not recommended for use in ambulant patients.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Note Pharmaceutical benefits that have the form methadone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules and pharmaceutical benefits that have the form methadone hydrochloride 10 mg/mL injection, 5 x 1 mL vials are equivalent for the purposes of substitution.

Authority required (STREAMLINED)**15996**

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

15994

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

- (i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or
- (ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or
- (iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

16000

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:


- (i) is less than 12 months; or
- (ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or
- (iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or
- (iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

methadone hydrochloride 10 mg/mL injection, 5 x 1 mL vials

14202L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	54.27	31.60	Physeptone [AS]

▪ METHOTREXATE

methotrexate 10 mg tablet, 10

14643Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	21.52	22.97	Methoblastin [PF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

12067D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	0.5	..	..	*27.55	29.00	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

5163R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
DP	1	..	..	30.41	31.60	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

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

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

12009C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	0.5	..	..	*27.55	29.00	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme

Reply Paid 9857

[Your capital city]

Restricted benefit

Cancer pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have cancer pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Cancer pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have cancer pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Cancer pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or


(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 30 mg tablet, 20

14654G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	30.41	31.60	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
 - Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.
- Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
 - Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.
- Authorities for increased maximum quantities and/or repeats must only be considered for:
- (i) severe disabling pain associated with proven malignant neoplasia; or
 - (ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or
 - (iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or
 - (iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.
- Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:
- (i) severe disabling pain associated with malignant neoplasia; or
 - (ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or
 - (iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or
 - (iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or


(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 30 mg tablet, 20

1646P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	30.41	31.60	Anamorph [RW]

■ MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

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.


Authority required

Chronic severe disabling pain

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 200 mg modified release tablet, 28

8453X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	121.43	31.60	MS Contin [MF]

■ OLANZAPINE

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)


5869

Bipolar I disorder


Clinical criteria:

- The treatment must be maintenance therapy.


olanzapine 2.5 mg tablet, 28

8170B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	16.95	18.40	^a APO-OLANZAPINE [TX] ^a Olanzapine RBX [RA] ^a Ozin 2.5 [ZS] ^a Zypine [AF]	^a Olanzapine APOTEX [GX] ^a Olanzapine Sandoz [SZ] ^a PRYZEX [RW]
			^B 7.83	24.78	18.40	^a Zyprexa [PB]	

olanzapine 5 mg tablet, 28

8185T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	17.87	19.32	^a APO-OLANZAPINE [TX] ^a Olanzapine RBX [RA] ^a Ozin 5 [ZS] ^a Zypine [AF]	^a Olanzapine APOTEX [GX] ^a Olanzapine Sandoz [SZ] ^a PRYZEX [RW]
			^B 10.17	28.04	19.32	^a Zyprexa [PB]	

olanzapine 7.5 mg tablet, 28

8186W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	18.63	20.08	^a APO-OLANZAPINE [TX] ^a Olanzapine RBX [RA] ^a Ozin 7.5 [ZS] ^a Zypine [AF]	^a Olanzapine APOTEX [GX] ^a Olanzapine Sandoz [SZ] ^a PRYZEX [RW]
			^B 4.87	23.50	20.08	^a Zyprexa [PB]	

olanzapine 10 mg tablet, 28

8187X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.28	21.73	^a APO-OLANZAPINE [TX]	^a Olanzapine APOTEX [GX]
						^a Olanzapine RBX [RA]	^a Olanzapine Sandoz [SZ]
			^B 4.92	25.20	21.73	^a Ozin 10 [ZS]	^a PRYZEX [RW]
						^a Zypine [AF]	
						^a Zyprexa [PB]	

■ **OLANZAPINE**

Note Pharmaceutical benefits that have the form olanzapine tablet 5 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 5 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 5 mg orally disintegrating tablet, 28

3381Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.87	19.32	^a APO-Olanzapine ODT [TX]	^a OLANZAPINE ODT-WGR [WG]
						^a Olanzapine Sandoz ODT 5 [SZ]	^a PRYZEX ODT [RW]
						^a Zypine ODT [AF]	

olanzapine 5 mg wafer, 28

8433W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	^B 10.17	28.04	19.32	^a Zyprexa Zydys [PB]

■ **OLANZAPINE**

Note Pharmaceutical benefits that have the form olanzapine tablet 10 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 10 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 10 mg orally disintegrating tablet, 28

3382B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.28	21.73	^a APO-Olanzapine ODT [TX]	^a Olanzapine ODT generichealth 10 [GQ]
						^a OLANZAPINE ODT-WGR [WG]	^a Olanzapine Sandoz ODT 10 [SZ]
						^a PRYZEX ODT [RW]	^a Zypine ODT [AF]

olanzapine 10 mg wafer, 28

8434X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	^B 9.95	30.23	21.73	^a Zyprexa Zydys [PB]

■ **OLANZAPINE**

Note Pharmaceutical benefits that have the form olanzapine tablet 15 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 15 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 15 mg orally disintegrating tablet, 28

3384D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	23.70	25.15	^a APO-Olanzapine ODT [TX]	^a OLANZAPINE ODT-WGR [WG]
						^a Olanzapine Sandoz ODT 15 [SZ]	^a PRYZEX ODT [RW]
						^a Zypine ODT [AF]	

olanzapine 15 mg wafer, 28

8952E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	^B 11.65	35.35	25.15	^a Zyprexa Zydis [PB]

■ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 20 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 20 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)**4246**

Schizophrenia

Authority required (STREAMLINED)**5869**

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 20 mg orally disintegrating tablet, 28

3385E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	27.10	28.55	^a APO-Olanzapine ODT [TX]	^a OLANZAPINE ODT-WGR [WG]
						^a Olanzapine Sandoz ODT 20 [SZ]	^a PRYZEX ODT [RW]
						^a Zypine ODT [AF]	

olanzapine 20 mg wafer, 28

8953F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	^B 11.65	38.75	28.55	^a Zyprexa Zydis [PB]

■ OLANZAPINE

Caution Monitor for post-injection syndrome for at least two hours after each injection.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)**4246**

Schizophrenia

olanzapine 210 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

9294E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*323.17	31.60	Zyprexa Relprevv [PB]

olanzapine 300 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

9295F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	5	..	*520.57	31.60	Zyprexa Relprevv [PB]

olanzapine 405 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

9303P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	346.82	31.60	Zyprexa Relprevv [PB]

■ PENICILLAMINE

Caution Regular blood and urine checks are essential.

Restricted benefit

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

penicillamine 125 mg tablet, 100

2721F	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	1	..	64.41	31.60	D-Penaminate [AL]

penicillamine 250 mg tablet, 100

2838J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	1	..	77.47	31.60	D-Penaminate [AL]

■ PENICILLAMINE

Caution Regular blood and urine checks are essential.

Restricted benefit

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

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

penicillamine 125 mg tablet, 100

13458H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	1	..	*115.45	31.60	D-Penaminate [AL]

penicillamine 250 mg tablet, 100

13425N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	2	1	..	*142.89	31.60	D-Penaminate [AL]

■ PERHEXILINE

Note Regular monitoring of drug serum levels is recommended.

Authority required (STREAMLINED)

16111

Angina

Clinical criteria:

- The condition must not be responding to other therapy.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

perhexiline maleate 100 mg tablet, 100

1822X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	54.95	31.60	Pexsig [AS]

■ PERICIAZINE**Restricted benefit**

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

periciazine 10 mg tablet, 100

3053Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	22.41	23.86	Neulactil [IX]

periciazine 2.5 mg tablet, 100

3052P	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	5	..	18.43	19.88	Neulactil [IX]

■ POSACONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Authority required

Invasive aspergillosis

Clinical criteria:

- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre), for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; OR
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or extensive chronic GVHD, and receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Treatment of neutropenia should continue until recovery of the neutrophil count to at least 500 cells per cubic millimetre.

Patients who have had a previous invasive fungal infection should have secondary prophylaxis during subsequent episodes of neutropenia.

No more than 6 months therapy per episode will be PBS-subsidised

Authority required

Fungal infection

Clinical criteria:

- The condition must be fusariosis; OR
- The condition must be zygomycosis; OR
- The condition must be coccidioidomycosis; OR
- The condition must be chromoblastomycosis; OR
- The condition must be mycetoma, **AND**
- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

posaconazole 100 mg modified release tablet, 24

10460M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	126.74	31.60	^a Pharmacor Posaconazole [CR] ^a POSACONAZOLE DR.REDDY'S [RZ] ^a Posaconazole Sandoz [SZ]	^a Posaconazole ARX [XT] ^a Posaconazole Juno [JU] ^a POSACONAZOLE-WGR [WG]

■ QUETIAPINE**Authority required (STREAMLINED)**

4246

Schizophrenia

Authority required (STREAMLINED)

5611

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must be limited to up to 6 months per episode.

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

quetiapine 150 mg modified release tablet, 60

5458G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	23.73	25.18	^a APX-Quetiapine XR [TY] ^a Quetia XR [OW] ^a Seroquel XR [AL]	^a Quetiapine Sandoz XR [SZ] ^a Tevatiapine XR [TB]
			^B 15.48	39.21	25.18		

quetiapine 200 mg modified release tablet, 60

9203J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	34.59	31.60	^a APX-Quetiapine XR [TY] ^a Quetiapine Sandoz XR [SZ] ^a Tevatiapine XR [TB] ^a Seroquel XR [AL]	^a QUETIAPINE-AS XR [RW] ^a Quetia XR [OW]
			^B 9.45	44.04	31.60		

quetiapine 300 mg modified release tablet, 60

9204K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	40.59	31.60	^a APX-Quetiapine XR [TY]	^a QUETIAPINE-AS XR [RW]

NP

^B9.45 50.04 31.60

^a Quetiapine Sandoz XR [SZ] ^a Quetia XR [OW]
^a Tevatiapine XR [TB]
^a Seroquel XR [AL]

quetiapine 400 mg modified release tablet, 60

9205L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	50.45	31.60	^a APX-Quetiapine XR [TY] ^a Quetiapine Sandoz XR [SZ] ^a Tevatiapine XR [TB]	^a QUETIAPINE-AS XR [RW] ^a Quetia XR [OW]
			^B 9.45	59.90	31.60	^a Seroquel XR [AL]	

quetiapine 50 mg modified release tablet, 60

9202H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.72	22.17	^a APX-Quetiapine XR [TY] ^a Quetiapine Sandoz XR [SZ] ^a Tevatiapine XR [TB]	^a QUETIAPINE-AS XR [RW] ^a Quetia XR [OW]
			^B 9.45	30.17	22.17	^a Seroquel XR [AL]	

quetiapine 100 mg tablet, 90

8457D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	23.73	25.18	^a APX-QUETIAPINE [TX] ^a Kaptan [ZS] ^a Quetia 100 [RW] ^a Quetiapine RBX [RA] ^a QUETIAPINE-WGR [WG]	^a Blooms The Chemist Quetiapine [BG] ^a Pharmacor Quetiapine 100 [CR] ^a Quetiapine APOTEX [GX] ^a Quetiapine Sandoz Pharma [HX] ^a Syquet [AF]
			^B 9.45	33.18	25.18	^a Seroquel [AL]	

quetiapine 200 mg tablet, 60

8458E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	27.45	28.90	^a APX-QUETIAPINE [TX] ^a Kaptan [ZS] ^a Quetia 200 [RW] ^a Quetiapine RBX [RA] ^a QUETIAPINE-WGR [WG]	^a Blooms The Chemist Quetiapine [BG] ^a Pharmacor Quetiapine 200 [CR] ^a Quetiapine APOTEX [GX] ^a Quetiapine Sandoz Pharma [HX] ^a Syquet [AF]
			^B 9.45	36.90	28.90	^a Seroquel [AL]	

quetiapine 300 mg tablet, 60

8580N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	34.00	31.60	^a APX-QUETIAPINE [TX] ^a Kaptan [ZS] ^a Quetia 300 [RW] ^a Quetiapine RBX [RA] ^a QUETIAPINE-WGR [WG]	^a Blooms The Chemist Quetiapine [BG] ^a Pharmacor Quetiapine 300 [CR] ^a Quetiapine APOTEX [GX] ^a Quetiapine Sandoz Pharma [HX] ^a Syquet [AF]
			^B 9.45	43.45	31.60	^a Seroquel [AL]	

■ QUETIAPINE

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

Note Authority applications for increased repeats up to a maximum of 5 may be authorised for patients requiring dose optimisation for this condition not adequately provided by other strengths of this drug.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

7927

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy.

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

quetiapine 25 mg tablet, 60

8456C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	17.87	19.32	^a APX-QUETIAPINE [TX]	^a Blooms The Chemist Quetiapine [BG]
						^a Kaptan [ZS]	^a Pharmacor Quetiapine 25 [CR]
						^a Quetia 25 [RW]	^a Quetiapine APOTEX [GX]
						^a Quetiapine RBX [RA]	^a Quetiapine Sandoz Pharma [HX]
						^a QUETIAPINE-WGR [WG]	^a Syquet [AF]
			^B 11.00	28.87	19.32	^a Seroquel [AL]	

▪ RIFAMPICIN

Authority required

Leprosy

Population criteria:

- Patient must be an adult.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

rifampicin 150 mg capsule, 100

1982H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	195.19	31.60	Rimycin 150 [AF]

rifampicin 300 mg capsule, 100

1983J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	94.53	31.60	Rimycin 300 [AF]

▪ RIFAMPICIN

Authority required

Mycobacterium ulcerans infection (Buruli ulcer)

Clinical criteria:

- The treatment must be used in combination with another antibiotic for the treatment of Buruli ulcer.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

rifampicin 150 mg capsule, 10

12200D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	12	..	..	*232.47	31.60	Rimycin 150 [AF]

rifampicin 150 mg capsule, 100

12190N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	195.19	31.60	Rimycin 150 [AF]

rifampicin 300 mg capsule, 10

12189M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	12	..	..	*110.79	31.60	Rimycin 300 [AF]

rifampicin 300 mg capsule, 100

12215X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	94.53	31.60	Rimycin 300 [AF]

▪ RIFAMPICIN

Restricted benefit

Meningococcal disease

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be a carrier of the disease; OR
- Patient must be in close contact with people who have the disease.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Restricted benefit

Haemophilus influenzae type B

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be in contact with people who have the disease.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

rifampicin 150 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
1981G	1	..	..	31.24	31.60	Rimycin 150 [AF]

NP

rifampicin 300 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
1984K	1	..	..	21.57	23.02	Rimycin 300 [AF]

NP

rifampicin 100 mg/5 mL oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
8025J	±1	..	..	26.60	28.05	Rifadin [SW]

NP

▪ **RISPERIDONE**

Authority required (STREAMLINED)

6898

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority required (STREAMLINED)

16048

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be at least 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 2 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
9079W	1	2	..	23.03	24.48	^a APO-Risperidone [TX]	^a NOUMED RISPERIDONE [VO]
						^a Ozidal [RA]	^a Rispa [RW]
						^a Risperdal [JC]	^a Risperidone Sandoz [SZ]
						^a Rispernia [ZS]	^a Rixadone [AF]

NP

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
9293D	±1	2	..	114.99	31.60	^a Risperdal [JC]	^a Risperidone Lupin [GQ]
						^a Rixadone [AF]	

NP

risperidone 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
8789N	1	2	..	17.87	19.32	^a APO-Risperidone [TX]	^a NOUMED RISPERIDONE [VO]
						^a Ozidal [RA]	^a Rispa [RW]

NP

^a Risperdal [JC]

^a Risperidone Sandoz [SZ]

^a Rispernia [ZS]

^a Rixadone [AF]

■ RISPERIDONE

Note For item codes 8869T and 1846E, pharmaceutical benefits that have the form tablet 0.5 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)


4246

Schizophrenia

risperidone 500 microgram tablet, 20

1846E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	3	5	..	*22.20	23.65	^a Risperdal [JC]

risperidone 500 microgram tablet, 60

8869T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	22.20	23.65	^a APO-Risperidone [TX] ^a Ozidal [RA] ^a Risperidone Sandoz [SZ] ^a Rixadone [AF]	^a NOUMED RISPERIDONE [VO] ^a Rispa [RW] ^a Rispernia [ZS]

■ RISPERIDONE

Note For items 8787L and 1842Y, pharmaceutical benefits that have the form tablet 0.5 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

6898

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority required (STREAMLINED)

16048

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.


Population criteria:

- Patient must be at least 18 years of age.


Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 500 microgram tablet, 20

1842Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	3	2	..	*22.20	23.65	^a Risperdal [JC]

risperidone 500 microgram tablet, 60

8787L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	..	22.20	23.65	^a APO-Risperidone [TX] ^a Ozidal [RA] ^a Risperidone Sandoz [SZ] ^a Rixadone [AF]	^a NOUMED RISPERIDONE [VO] ^a Rispa [RW] ^a Rispernia [ZS]

■ RIVAROXABAN

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)

4098

Deep vein thrombosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

5098


Pulmonary embolism

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

rivaroxaban 15 mg tablet, 42

2160Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	..	..	66.33	31.60	^a Rivaroxaban-Teva [TB]	^a Xarelto [AF]

▪ **ROMOSUZUMAB**

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

Severe established osteoporosis

Treatment Phase: Initial treatment - Second-line therapy

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy, **AND**
- Patient must not have received treatment with PBS-subsidised teriparatide; OR
- Patient must have developed intolerance to teriparatide of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

Treatment criteria:

- Must be treated by a consultant physician.

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.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with this drug is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with this drug is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.

Authority required

Severe established osteoporosis

Treatment Phase: Continuing treatment - Second-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition as second-line therapy, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.

romosozumab 105 mg/1.17 mL injection, 2 x 1.17 mL syringes

12301K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	406.13	31.60	Evenity [AN]

▪ ROMOSOZUMAB

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

Severe established osteoporosis

Treatment Phase: Initial treatment - First-line therapy

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with any of: (i) anti-resorptive therapy, (ii) teriparatide, (iii) romosozumab, **AND**
- Patient must be at very high risk of fracture, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must have had a symptomatic fracture due to minimal trauma, **AND**
- Patient must have had at least 1 hip or symptomatic vertebral fracture in the previous 24 months; OR
- Patient must have had at least 2 fractures including 1 symptomatic new fracture in the previous 24 months, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a consultant physician.

Details of fracture history including the date(s), site(s), the symptoms associated with the fracture(s) and the score of the qualifying BMD measurement must be provided at the time of application.

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.

Anti-resorptive therapies for osteoporosis include alendronate sodium, risedronate sodium, raloxifene hydrochloride, denosumab and zoledronic acid.

Authority required

Severe established osteoporosis

Treatment Phase: Continuing treatment - First-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition as first-line therapy, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a medical practitioner identifying as either: (i) a consultant physician, (ii) a general practitioner.

Authority required

Severe established osteoporosis

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

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 November 2024, **AND**
- Patient must not have received PBS-subsidised treatment with any of the following prior to initiating non-PBS-subsidised treatment with this drug for this condition: (i) anti-resorptive therapy, (ii) teriparatide, (iii) romosozumab, **AND**
- Patient must be at very high risk of fracture, **AND**
- Patient must have had a Bone Mineral Density (BMD) T-score of -2.5 or less prior to starting non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a symptomatic fracture due to minimal trauma prior to starting non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had at least 1 hip or symptomatic vertebral fracture in the 24 months prior to starting non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have had at least 2 fractures including 1 symptomatic new fracture in the 24 months prior to starting non-PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months of PBS and non-PBS-subsidised therapy.

Treatment criteria:

- Must be treated by a consultant physician.

Details of fracture history including the date(s), site(s), the symptoms associated with the fracture(s) and the score of the qualifying BMD measurement must be provided at the time of application.

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.

Anti-resorptive therapies for osteoporosis include alendronate sodium, risedronate sodium, raloxifene hydrochloride, denosumab and zoledronic acid.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

romosozumab 105 mg/1.17 mL injection, 2 x 1.17 mL syringes

14641N	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	5	..	406.13	31.60	Evenity [AN]

SEVELAMER

Note Pharmaceutical benefits that have the forms sevelamer hydrochloride 800 mg and sevelamer carbonate 800 mg tablet are equivalent for the purposes of substitution

Authority required (STREAMLINED)

14872

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

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 not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sevelamer hydrochloride 800 mg tablet, 180

13934J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	..	*367.03	31.60	^a Renegel [GZ]

NP

sevelamer carbonate 800 mg tablet, 180

14027G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*367.03	31.60	^a ARX-SEVELAMER [XT]	^a Sevelamer Apotex [TX]
						^a Sevelamer Lupin [GQ]	

NP

SOTALOL

Restricted benefit

Severe cardiac arrhythmias

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

sotalol hydrochloride 160 mg tablet, 60

2043M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	20.37	21.82	^a APX-Sotalol [TY]	^a Cardol [AF]
						^a Solavert [RF]	^a Sotalol Sandoz [SZ]
						^a SOTALOL-WGR [WG]	
			^b 4.99	25.36	21.82	^a Sotacor [RW]	

NP

sotalol hydrochloride 80 mg tablet, 60

8398B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	17.36	18.81	^a APX-Sotalol [TY]	^a Cardol [AF]
						^a Solavert [RF]	^a Sotalol Sandoz [SZ]
						^a SOTALOL-WGR [WG]	
			^b 4.58	21.94	18.81	^a Sotacor [RW]	

NP

TAMOXIFEN

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.


Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 30

1880Y	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	2	5	^B 5.52	*29.67	25.60	^a Nolvadex-D [AP]

■ TAMOXIFEN

Note This pharmaceutical benefit is not PBS-subsidised for primary prevention of breast cancer.

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.


Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 60

2110C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	24.15	25.60	^a Genox 20 [AF] ^a Tamosin [OX]	^a GenRx Tamoxifen [GX] ^a Tamoxifen Sandoz [SZ]

■ TIMOLOL

Note Pharmaceutical benefits that have the brand Timolol (Brown & Burk, UK) may be substituted for pharmaceutical benefits that have the brand Timoptol in the case of a shortage.

timolol 0.5% eye drops, 5 mL

14657K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	±1	5	..	42.71	31.60	^a Timolol (Brown & Burk, UK) [LM]

timolol 0.5% eye drops, 5 mL


1279H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	±1	5	..	18.59	20.04	^a Timoptol [MF]

■ TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Note Pharmaceutical benefits that have the brand Timolol (Brown & Burk, UK) may be substituted for pharmaceutical benefits that have the brand Timoptol in the case of a shortage.

timolol 0.5% eye drops, 5 mL

14649B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	±1	5	..	42.71	31.60	^a Timolol (Brown & Burk, UK) [LM]

timolol 0.5% eye drops, 5 mL

5548B	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	±1	5	..	18.59	20.04	^a Timoptol [MF]

■ TIROFIBAN

Authority required (STREAMLINED)

16123

High risk of unstable angina

Clinical criteria:

- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have pain lasting longer than 20 minutes.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16147

High risk of unstable angina

Clinical criteria:

- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have repetitive episodes of angina at rest or during minimal exercise in the previous 12 hours.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required (STREAMLINED)

16063

Non-Q-wave myocardial infarction

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

tirofiban 12.5 mg/50 mL injection, 50 mL vial

8350L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	183.55	31.60	^a Aggrastat [AS]	^a Tirofiban Juno [JU]

■ VORICONAZOLE

Note For patients with graft versus host disease, acute myeloid leukaemia or myelodysplastic syndrome, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Note For patients undergoing allogeneic haematopoietic stem cell transplant, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 2 months' treatment may be authorised.

Authority required

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre) for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; OR
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or, extensive chronic GVHD, whilst receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant; OR
- Patient must be undergoing allogeneic haematopoietic stem cell transplant using either bone marrow from an unrelated donor or umbilical cord blood (related or unrelated), and, be considered to be at high risk of developing an invasive fungal infection during the neutropenic phase prior to engraftment.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

voriconazole 40 mg/mL powder for oral liquid, 70 mL

10168E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	1	..	..	#507.39	31.60	Vfend [PF]

voriconazole 200 mg tablet, 56

10198R	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	198.73	31.60	^a Voriconazole Sandoz [SZ] ^a Vzole [RW]	^a Vttack [AF]

voriconazole 50 mg tablet, 56

10173K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	58.76	31.60	^a Voriconazole Sandoz [SZ] ^a Vzole [RW]	^a Vttack [AF]

■ VORICONAZOLE**Authority required**

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by *Scedosporium* species; OR
- The condition must be caused by *Fusarium* species.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious *Candida* infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; OR
- The condition must be resistant to fluconazole; OR
- Patient must be unable to tolerate fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

voriconazole 200 mg tablet, 56

9364W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	198.73	31.60	^a Voriconazole Sandoz [SZ] ^a Vzole [RW]	^a Vttack [AF]

voriconazole 50 mg tablet, 56

9363T	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	2	..	58.76	31.60	^a Voriconazole Sandoz [SZ] ^a Vzole [RW]	^a Vttack [AF]

▪ **VORICONAZOLE**

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Authority required

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by *Scedosporium* species; OR
- The condition must be caused by *Fusarium* species.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious *Candida* infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; OR
- The condition must be resistant to fluconazole; OR
- Patient must be unable to tolerate fluconazole.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

Authority required

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy


Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

voriconazole 40 mg/mL powder for oral liquid, 70 mL

9452L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	#507.39	31.60	Vfend [PF]


▪ ZUCLOPENTHIXOL DECANOATE**Restricted benefit**

For prescribing by certain health practitioners

Treatment criteria:

- Must be treated by a health practitioner who is any of: (i) a medical practitioner, (ii) an authorised PBS prescriber who is not a medical practitioner, but who is: (a) sharing care of the patient with at least one medical practitioner; (b) intending to share care of the patient with a medical practitioner.

zuclopenthixol decanoate 200 mg/mL injection, 5 x 1 mL ampoules

8097E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	31.56	31.60	Clopixol Depot [LU]

Palliative Care

▪ FENTANYL

Caution The risk of drug dependence is high.

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

Authority required

Breakthrough pain

Treatment Phase: Initial treatment for dose titration

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 400 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10603C	1	..	..	81.71	31.60	Abstral [FK]

NP

fentanyl 100 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10601Y	2	..	..	*145.88	31.60	Abstral [FK]

NP

fentanyl 200 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10600X	2	..	..	*145.88	31.60	Abstral [FK]

NP

fentanyl 200 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
5401G	1	..	..	90.40	31.60	Actiq [TB]

NP

fentanyl 400 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
5402H	1	..	..	90.40	31.60	Actiq [TB]

NP

fentanyl 300 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10606F	1	..	..	81.71	31.60	Abstral [FK]

NP

fentanyl 600 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10604D	1	..	..	81.71	31.60	Abstral [FK]

NP

fentanyl 800 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10612M	1	..	..	81.71	31.60	Abstral [FK]

NP

▪ FENTANYL

Caution The risk of drug dependence is high.

Note For first continuing supply, applications for increased repeats for up to 3 months' supply may be authorised.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 months' therapy.

Authority required

Breakthrough pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 100 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10602B	2	..	..	*409.96	31.60	Abstral [FK]

NP

fentanyl 200 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10607G	2	..	..	*409.96	31.60	Abstral [FK]

NP

fentanyl 400 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10608H	2	..	..	*409.96	31.60	Abstral [FK]

NP

fentanyl 200 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
5407N	2	..	..	*514.78	31.60	Actiq [TB]

NP

fentanyl 400 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
5408P	2	..	..	*514.78	31.60	Actiq [TB]

NP

fentanyl 600 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
5409Q	2	..	..	*377.58	31.60	Actiq [TB]

NP

fentanyl 800 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
5410R	2	..	..	*377.58	31.60	Actiq [TB]

NP

fentanyl 300 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10610K	2	..	..	*409.96	31.60	Abstral [FK]

NP

fentanyl 600 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10613N	2	..	..	*409.96	31.60	Abstral [FK]

NP

fentanyl 800 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
10611L	2	..	..	*409.96	31.60	Abstral [FK]

NP

▪ **MORPHINE**

Caution The risk of drug dependence is high.

Note Telephone approvals are limited to 1 month's therapy.


Authority required

Severe disabling pain

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 30 mg tablet, 20

14655H	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	2	..	30.41	31.60	Anamorph [RW]

Highly Specialised Drugs Program (Private Hospital)

▪ RISDIPLAM

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 number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Pre-symptomatic spinal muscular atrophy (SMA)

Treatment Phase: Continuing/maintenance treatment of pre-symptomatic spinal muscular atrophy (SMA) with 3 copies of the SMN2 gene

Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis/management of SMA; OR
- Must be treated by a medical practitioner who has been directed to prescribe this benefit by a specialist medical practitioner experienced in the diagnosis/management of SMA, **AND**
- Patient must not be undergoing treatment through this 'Continuing treatment' listing where the most recent PBS authority approval for this PBS indication has been for gene therapy.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must be eligible for continuing PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must be ceased when invasive permanent assisted ventilation is required in the absence of a potentially reversible cause while being treated with this drug.

Population criteria:

- Patient must have been 18 years of age or younger at the time of initial treatment with this drug.

Invasive permanent assisted ventilation means ventilation via tracheostomy tube for greater than or equal to 16 hours per day.

In a patient who wishes to switch from PBS-subsidised nusinersen to PBS-subsidised risdiplam for this condition a wash out period may be required.

The quantity of drug and number of repeat prescriptions prescribed is to be in accordance with the relevant 'Note' attached to this listing.

The approved Product Information recommended dosing is as follows:

- 16 days to less than 2 months of age: 0.15 mg/kg
- 2 months to less than 2 years of age: 0.20 mg/kg
- 2 years of age and older weighing less than 20 kg: 0.25 mg/kg
- 2 years of age and older weighing 20 kg or more: 5 mg

In this authority application, state which of (i) to (iv) above applies to the patient. Based on (i) to (iv), prescribe up to:

- 1 unit where (i) applies;
- 2 units where (ii) applies;
- 3 units where (iii) applies;
- 3 units where (iv) applies.

risdiplam 750 microgram/mL powder for oral liquid, 80 mL

14639L	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	±1	5	..	10890.56	Evrysdi [RO]

▪ RISDIPLAM

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 An outcome on the authority application is not immediate, but will follow in due course. Electronic upload is encouraged to reduce processing time.

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

Note Special Pricing Arrangements apply.

Authority required

Pre-symptomatic spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment of pre-symptomatic spinal muscular atrophy (SMA) with 3 copies of the SMN2 gene

Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis/management of SMA; OR
- Must be treated by a medical practitioner who has been directed to prescribe this benefit by a specialist medical practitioner experienced in the diagnosis/management of SMA.

Clinical criteria:

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- The condition must be pre-symptomatic SMA, with genetic confirmation that there are 3 copies of the survival motor neuron 2 (SMN2) gene, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- Patient must be untreated with gene therapy.

Population criteria:

- Patient must be aged under 36 months prior to commencing treatment.

Application for authorisation of initial treatment must be in writing (lodged via postal service or electronic upload) and must include:

(a) details of the proposed prescription; and

(b) a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:

(i) confirmation of genetic diagnosis of SMA; and

(ii) a copy of the results substantiating the number of SMN2 gene copies determined by quantitative polymerase chain reaction (qPCR) or multiple ligation dependent probe amplification (MLPA)

The quantity of drug and number of repeat prescriptions prescribed is to be in accordance with the relevant 'Note' attached to this listing.

The approved Product Information recommended dosing is as follows:

(i) 16 days to less than 2 months of age: 0.15 mg/kg

(ii) 2 months to less than 2 years of age: 0.20 mg/kg

(iii) 2 years of age and older weighing less than 20 kg: 0.25 mg/kg

(iv) 2 years of age and older weighing 20 kg or more: 5 mg

In this authority application, state which of (i) to (iv) above applies to the patient. Based on (i) to (iv), prescribe up to:

1 unit where (i) applies;

2 units where (ii) applies;

3 units where (iii) applies;

3 units where (iv) applies.

risdiplam 750 microgram/mL powder for oral liquid, 80 mL

14647X	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	±1	..	..	10890.56	Evrysdi [RO]

Highly Specialised Drugs Program (Public Hospital)

▪ ONASEMNOGENE ABEPARVOVEC

Note Other disease modifying therapies for this condition are: (i) nusinersen, (ii) risdiplam.

Note Recognised hospitals in the management of SMA are Queensland Children's Hospital (Brisbane), Royal Children's Hospital Melbourne, Monash Children's Hospital (Melbourne), John Hunter Hospital (Newcastle), Sydney Children's Hospital Randwick, Children's Hospital at Westmead, Adelaide Women and Children's Hospital and Perth Children's Hospital.

Note Accredited treatment centres and suppliers are those organisations accredited by the Gene Technology Regulator under section 92 of the **Gene Technology Act 2000**.

The following website provides a list of accredited organisations and may update without notice:
<https://www.ogtr.gov.au/what-weve-approved/accredited-organisations>

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.

Note An outcome on the authority application is not immediate, but will follow in due course. Electronic upload is encouraged to reduce processing time.

Authority required

Spinal muscular atrophy (SMA)

Treatment Phase: Use in a patient untreated with disease modifying therapies for this condition

Clinical criteria:

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- The condition must be pre-symptomatic SMA, with genetic confirmation that there are 3 copies of the survival motor neuron 2 (SMN2) gene, **AND**
- The treatment must not be a PBS-subsidised benefit where the condition has progressed to a point where invasive permanent assisted ventilation (i.e. ventilation via tracheostomy tube for at least 16 hours per day) is required in the absence of potentially reversible causes, **AND**
- The treatment must be given concomitantly with best supportive care for this condition.

Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA, **AND**
- Must be treated in a treatment centre that is each of: (i) recognised in the management of SMA, (ii) accredited in the use of this gene technology by the relevant authority, (iii) will (has) source(d) this product from an accredited supplier, as specified in the administrative notes to this listing, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit once only in a lifetime, **AND**
- Patient must not be undergoing treatment with this pharmaceutical benefit through this listing where prior treatment has occurred with any of: (i) nusinersen, (ii) risdiplam.

Population criteria:

- Patient must be no older than 9 months of age.
The authority application must be made in writing and must include:

- (1) details of the proposed prescription; and
 (2) 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).

State the weight of the patient in kilograms and request the appropriate product pack presentation with respect to the mix of 5.5 mL and 8.3 mL vials.

Confirm that genetic testing has been completed to demonstrate the following in support of an SMA diagnosis:

- (i) 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; or
- (ii) deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variance in the remaining single copy of the SMN1 gene.

Confirm that there is a genetic test finding that substantiates the number of SMN2 gene copies to be 3 and has been determined by quantitative polymerase chain reaction (qPCR) or multiple ligation dependent probe amplification (MLPA).

Quote the date, pathology provider name and any unique identifying serial number/code that links the genetic test result to the patient.

Authority required

Spinal muscular atrophy (SMA)

Treatment Phase: Use occurring after treatment with at least one disease modifying therapy for this condition (i.e. switching from nusinersen/risdiplam to onasemnogene abeparvovec)

Clinical criteria:

- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must not be a PBS-subsidised benefit where the condition has progressed to a point where invasive permanent assisted ventilation (i.e. ventilation via tracheostomy tube for at least 16 hours per day) is required in the absence of potentially reversible causes.

Treatment criteria:

- Patient must be undergoing treatment with this pharmaceutical benefit following prior PBS-subsidised treatment with at least one other disease modifying therapy for this condition, **AND**
- Must be treated by a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA; or in consultation with a specialist medical practitioner experienced in the diagnosis and management of SMA associated with a neuromuscular clinic of a recognised hospital in the management of SMA, **AND**
- Must be treated in a treatment centre that is each of: (i) recognised in the management of SMA, (ii) accredited in the use of this gene technology by the relevant authority, (iii) will(has) source(d) this product from an accredited supplier, as specified in the administrative notes to this listing, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit once only in a lifetime, **AND**
- Patient must be undergoing treatment with this pharmaceutical benefit with the intent that treatment with the replaced disease modifying agent is/has ceased.

Population criteria:

- Patient must be no older than 9 months of age, **AND**
- Patient must have pre-symptomatic SMA with 3 copies of the SMN2 gene.

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

- (1) details of the proposed prescription; and
- (2) 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).

Do not resubmit previously submitted documentation concerning the diagnosis and type of SMA.

Confirm that a previous PBS authority application has been approved for pre-symptomatic SMA with 3 copies of SMN2 gene.

State the weight of the patient in kilograms and request the appropriate product pack presentation with respect to the mix of 5.5 mL and 8.3 mL vials.

Adhere to any Product Information or local treatment guidelines with respect to treatment-free ('wash out') periods prior to administering this benefit.

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 8.3 mL vials], 1 pack

13669K	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	‡1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [3 x 8.3 mL vials], 1 pack

13682D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	‡1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [4 x 8.3 mL vials], 1 pack

13683E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	‡1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5 x 8.3 mL vials], 1 pack

13681C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	‡1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [6 x 8.3 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13679Y	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [7 x 8.3 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13668J	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 5.5 mL vials] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [8.3 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13663D	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [2 x 8.3 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13671M	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 3 x 8.3 mL vials

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13678X	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 4 x 8.3 mL vials

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13665F	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 5 x 8.3 mL vials

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13667H	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [3 x 8.3 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13670L	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [4 x 8.3 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13672N	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 6 x 8.3 mL vials

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13664E	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 7 x 8.3 mL vials

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13675R	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 8 x 8.3 mL vials

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13673P	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5 x 8.3 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13680B	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (&) onasemnogene abeparvovec 20 trillion vector genomes/mL injection [6 x 8.3 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13677W	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 9 x 8.3 mL vials

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
13676T	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (& onasemnogene abeparvovec 20 trillion vector genomes/mL injection [7 x 8.3 mL vials], 1 pack

13662C	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection [5.5 mL vial] (& onasemnogene abeparvovec 20 trillion vector genomes/mL injection [8 x 8.3 mL vials], 1 pack

13666G	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	±1	..	..	2527773.87	Zolgensma [NV]

onasemnogene abeparvovec 20 trillion vector genomes/mL injection, 2 x 8.3 mL vials

13674Q	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	±1	..	..	2527773.87	Zolgensma [NV]

▪ **RISDIPLAM**

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 number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Pre-symptomatic spinal muscular atrophy (SMA)

Treatment Phase: Continuing/maintenance treatment of pre-symptomatic spinal muscular atrophy (SMA) with 3 copies of the SMN2 gene

Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis/management of SMA; OR
- Must be treated by a medical practitioner who has been directed to prescribe this benefit by a specialist medical practitioner experienced in the diagnosis/management of SMA, **AND**
- Patient must not be undergoing treatment through this 'Continuing treatment' listing where the most recent PBS authority approval for this PBS indication has been for gene therapy.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must be eligible for continuing PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must not be in combination with PBS-subsidised treatment with nusinersen for this condition, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- The treatment must be ceased when invasive permanent assisted ventilation is required in the absence of a potentially reversible cause while being treated with this drug.

Population criteria:

- Patient must have been 18 years of age or younger at the time of initial treatment with this drug.

Invasive permanent assisted ventilation means ventilation via tracheostomy tube for greater than or equal to 16 hours per day.

In a patient who wishes to switch from PBS-subsidised nusinersen to PBS-subsidised risdiplam for this condition a wash out period may be required.

The quantity of drug and number of repeat prescriptions prescribed is to be in accordance with the relevant 'Note' attached to this listing.

The approved Product Information recommended dosing is as follows:

- (i) 16 days to less than 2 months of age: 0.15 mg/kg
- (ii) 2 months to less than 2 years of age: 0.20 mg/kg
- (iii) 2 years of age and older weighing less than 20 kg: 0.25 mg/kg
- (iv) 2 years of age and older weighing 20 kg or more: 5 mg

In this authority application, state which of (i) to (iv) above applies to the patient. Based on (i) to (iv), prescribe up to:

- 1 unit where (i) applies;
- 2 units where (ii) applies;
- 3 units where (iii) applies;
- 3 units where (iv) applies.

risdiplam 750 microgram/mL powder for oral liquid, 80 mL

14646W	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	±1	5	..	10841.89	Evrysdi [RO]

▪ **RISDIPLAM**

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 An outcome on the authority application is not immediate, but will follow in due course. Electronic upload is encouraged to reduce processing time.

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

Note Special Pricing Arrangements apply.

Authority required

Pre-symptomatic spinal muscular atrophy (SMA)

Treatment Phase: Initial treatment of pre-symptomatic spinal muscular atrophy (SMA) with 3 copies of the SMN2 gene

Treatment criteria:

- Must be treated by a specialist medical practitioner experienced in the diagnosis/management of SMA; OR
- Must be treated by a medical practitioner who has been directed to prescribe this benefit by a specialist medical practitioner experienced in the diagnosis/management of SMA.

Clinical criteria:

- The condition must have genetic confirmation of 5q homozygous deletion of the survival motor neuron 1 (SMN1) gene; OR
- The condition must have genetic confirmation of deletion of one copy of the SMN1 gene in addition to a pathogenic/likely pathogenic variant in the remaining single copy of the SMN1 gene, **AND**
- The condition must be pre-symptomatic SMA, with genetic confirmation that there are 3 copies of the survival motor neuron 2 (SMN2) gene, **AND**
- The treatment must be given concomitantly with best supportive care for this condition, **AND**
- Patient must be untreated with gene therapy.

Population criteria:

- Patient must be aged under 36 months prior to commencing treatment.
- Application for authorisation of initial treatment must be in writing (lodged via postal service or electronic upload) and must include:

(a) details of the proposed prescription; and

(b) a completed Spinal muscular atrophy PBS Authority Application Form which includes the following:

(i) confirmation of genetic diagnosis of SMA; and

(ii) a copy of the results substantiating the number of SMN2 gene copies determined by quantitative polymerase chain reaction (qPCR) or multiple ligation dependent probe amplification (MLPA)

The quantity of drug and number of repeat prescriptions prescribed is to be in accordance with the relevant 'Note' attached to this listing.

The approved Product Information recommended dosing is as follows:

(i) 16 days to less than 2 months of age: 0.15 mg/kg

(ii) 2 months to less than 2 years of age: 0.20 mg/kg

(iii) 2 years of age and older weighing less than 20 kg: 0.25 mg/kg

(iv) 2 years of age and older weighing 20 kg or more: 5 mg

In this authority application, state which of (i) to (iv) above applies to the patient. Based on (i) to (iv), prescribe up to:

1 unit where (i) applies;

2 units where (ii) applies;

3 units where (iii) applies;

3 units where (iv) applies.

risdiplam 750 microgram/mL powder for oral liquid, 80 mL

14659M	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	Brand Name and Manufacturer
	‡1	..	..	10841.89	Evrysdi [RO]

Highly Specialised Drugs Program (Community Access)

▪ BUPRENORPHINE

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

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

Authority required (STREAMLINED)

16009

Opioid dependence

Clinical criteria:

- The treatment must be within a framework of medical, social and psychological treatment. The prescriber must request a quantity sufficient for up to 28 days of supply per dispensing according to the patient's daily dose. Up to 5 repeats will be authorised. The maximum listed quantity or number of repeats must not be prescribed if lesser quantity or repeats are sufficient for the patient's needs.

buprenorphine 400 microgram sublingual tablet, 7

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13310M	4	5	..	*35.96	31.60	Subutex [IR]

buprenorphine 2 mg sublingual tablet, 7

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13336X	12	5	..	*119.88	31.60	Subutex [IR]

buprenorphine 8 mg sublingual tablet, 7

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13337Y	16	5	..	*413.24	31.60	Subutex [IR]

▪ BUPRENORPHINE

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

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

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

Authority required (STREAMLINED)

16015

Opioid dependence

Treatment criteria:

- Must be treated by a health care professional.

Clinical criteria:

- The treatment must be within a framework of medical, social and psychological treatment, **AND**
- Patient must be stabilised on one of the following prior to commencing treatment with this drug for this condition: (i) weekly prolonged release buprenorphine (Buvidal Weekly) (ii) sublingual buprenorphine (iii) buprenorphine/naloxone. The prescriber must not request the maximum listed quantity or number of repeats if lesser quantity or repeats are sufficient for the patient's needs.

buprenorphine 160 mg/0.45 mL modified release injection, 0.45 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13303E	1	5	..	379.20	31.60	Buvidal Monthly [UR]

buprenorphine 128 mg/0.36 mL modified release injection, 0.36 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13302D	1	5	..	379.20	31.60	Buvidal Monthly [UR]

buprenorphine 64 mg/0.18 mL modified release injection, 0.18 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13298X	1	5	..	379.20	31.60	Buvidal Monthly [UR]

buprenorphine 96 mg/0.27 mL modified release injection, 0.27 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13309L	1	5	..	379.20	31.60	Buvidal Monthly [UR]

NP

■ BUPRENORPHINE

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

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

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

Authority required (STREAMLINED)**16050**

Opioid dependence

Treatment criteria:

- Must be treated by a health care professional.

Clinical criteria:

- The treatment must be within a framework of medical, social and psychological treatment, **AND**
- Patient must be stabilised on sublingual buprenorphine or buprenorphine/naloxone prior to commencing treatment with this drug for this condition.

The prescriber must not request the maximum listed quantity or number of repeats if lesser quantity or repeats are sufficient for the patient's needs.

buprenorphine 100 mg/0.5 mL modified release injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13320C	±1	5	..	379.20	31.60	Sublocade [IR]

NP

buprenorphine 300 mg/1.5 mL modified release injection, 1.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13327K	±1	5	..	379.20	31.60	Sublocade [IR]

NP

■ BUPRENORPHINE

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

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

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

Authority required (STREAMLINED)**16051**

Opioid dependence

Treatment criteria:

- Must be treated by a health care professional.

Clinical criteria:

- The treatment must be within a framework of medical, social and psychological treatment.

The prescriber must not request the maximum listed quantity or number of repeats if lesser quantity or repeats are sufficient for the patient's needs.

buprenorphine 16 mg/0.32 mL modified release injection, 0.32 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13297W	4	5	..	*379.20	31.60	Buvidal Weekly [UR]

NP

buprenorphine 24 mg/0.48 mL modified release injection, 0.48 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13296T	4	5	..	*379.20	31.60	Buvidal Weekly [UR]

NP

buprenorphine 32 mg/0.64 mL modified release injection, 0.64 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13314R	4	5	..	*379.20	31.60	Buvidal Weekly [UR]

NP

buprenorphine 8 mg/0.16 mL modified release injection, 0.16 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
13328L	4	5	..	*379.20	31.60	Buvidal Weekly [UR]

NP

■ BUPRENORPHINE + NALOXONE

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

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

Authority required (STREAMLINED)**16009**

Opioid dependence

Clinical criteria:

- The treatment must be within a framework of medical, social and psychological treatment.

The prescriber must request a quantity sufficient for up to 28 days of supply per dispensing according to the patient's daily dose. Up to 5 repeats will be authorised. The maximum listed quantity or number of repeats must not be prescribed if lesser quantity or repeats are sufficient for the patient's needs.

buprenorphine 2 mg + naloxone 500 microgram sublingual film, 28

13322E	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	3	5	..	*158.19	31.60	Suboxone Film 2/0.5 [IR]

buprenorphine 8 mg + naloxone 2 mg sublingual film, 28

13321D	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
NP	4	5	..	*509.92	31.60	Suboxone Film 8/2 [IR]

▪ **LANREOTIDE**

Note Somatuline Autogel and Mytolac products are equivalent for the purpose of substitution. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Authority required (STREAMLINED)

16024

Acromegaly

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist practicing in a hospital who is either: (i) an endocrinologist, (ii) an oncologist; OR
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types within a hospital setting.

Clinical criteria:

- The condition must be active, **AND**
- Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre, **AND**
- The treatment must be after failure of other therapy including dopamine agonists; OR
- The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR
- The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated, **AND**
- The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose), **AND**
- The treatment must cease if IGF1 is not lower after 3 months of treatment, **AND**
- The treatment must not be given concomitantly with PBS-subsidised pegvisomant.

In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Authority required (STREAMLINED)

16055

Acromegaly

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be active, **AND**
- Patient must have persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre, **AND**
- The treatment must be after failure of other therapy including dopamine agonists; OR
- The treatment must be as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; OR
- The treatment must be in a patient who is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated, **AND**
- The treatment must cease in a patient treated with radiotherapy if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose), **AND**
- The treatment must cease if IGF1 is not lower after 3 months of treatment, **AND**
- The treatment must not be given concomitantly with PBS-subsidised pegvisomant.

In a patient treated with radiotherapy, lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Authority required (STREAMLINED)

16057

Functional carcinoid tumour

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist practicing in a hospital who is either: (i) an endocrinologist, (ii) an oncologist; OR
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types within a hospital setting.

Clinical criteria:

- The condition must be causing intractable symptoms, **AND**
- Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, **AND**

- Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

Authority required (STREAMLINED)

15955

Functional carcinoid tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be causing intractable symptoms, **AND**
- Patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, **AND**
- Patient must be one in whom surgery or antineoplastic therapy has failed or is inappropriate, **AND**
- The treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days.

Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

lanreotide 60 mg/0.5 mL injection, 0.5 mL syringe

Code	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
11315M	2	5	..	*1748.13	31.60	^a Mytolac [GH]	^a Somatuline Autogel [IS]

lanreotide 90 mg/0.5 mL injection, 0.5 mL syringe

Code	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
11316N	2	5	..	*2310.41	31.60	^a Mytolac [GH]	^a Somatuline Autogel [IS]

lanreotide 120 mg/0.5 mL injection, 0.5 mL syringe

Code	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
11289E	2	5	..	*2630.19	31.60	^a Mytolac [GH]	^a Somatuline Autogel [IS]

▪ **LANREOTIDE**

Note Somatuline Autogel and Mytolac products are equivalent for the purpose of substitution. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

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)

16056

Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist practicing in a hospital who is either: (i) an endocrinologist, (ii) an oncologist; OR
- Must be treated by a medical practitioner working under the direct supervision of one of the above mentioned specialist types within a hospital setting.

Clinical criteria:

- The condition must be unresectable locally advanced disease or metastatic disease, **AND**
- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Population criteria:

- Patient must be at least 18 years of age.

WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2.

WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.

Authority required (STREAMLINED)

16133

Non-functional gastroenteropancreatic neuroendocrine tumour (GEP-NET)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be unresectable locally advanced disease or metastatic disease, **AND**
- The condition must be World Health Organisation (WHO) grade 1 or 2, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Population criteria:

- Patient must be at least 18 years of age.

WHO grade 1 of GEP-NET is defined as a mitotic count (10HPF) of less than 2 and Ki-67 index (%) of less than or equal to 2.

WHO grade 2 of GEP-NET is defined as a mitotic count (10HPF) of 2-20 and Ki-67 index (%) of 3-20.

Ianreotide 120 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
11736Q	2	5	..	*2630.19	31.60	^a Mytolac [GH]	^a Somatuline Autogel [IS]

▪ **METHADONE**

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

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

Authority required (STREAMLINED)

16083

Opioid dependence

Clinical criteria:

- The treatment must be within a framework of medical, social and psychological treatment.

The prescriber must request a quantity (in millilitres) sufficient for up to 28 days of supply per dispensing according to the patient's daily dose. Up to 5 repeats will be authorised. The maximum listed quantity or number of repeats must not be prescribed if lesser quantity or repeats are sufficient for the patient's needs.

methadone hydrochloride 5 mg/mL oral liquid, 1 L

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
13333R 	0.84	5	..	*44.72	31.60	^a Aspen Methadone Syrup [AS]	^a Biodone Forte [MW]

methadone hydrochloride 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer	Brand Name and Manufacturer
13334T 	4.2	5	..	*50.58	31.60	^a Aspen Methadone Syrup [AS]	^a Biodone Forte [MW]

IVF Treatment Program

▪ CHORIOGONADOTROPIN ALFA

Note Pharmaceutical benefits that have the form choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled syringe (Ovidrel USA) can be substituted for choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled pen in the case of a shortage.

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

Authority required (STREAMLINED)

14124

Assisted Reproductive Technology

Clinical criteria:

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

Treatment criteria:

- Patient must not be undergoing simultaneous treatment with this drug through another PBS program listing.

choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL syringe

14656J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	125.98	31.60	^a Ovidrel (USA) [SG]

▪ CHORIOGONADOTROPIN ALFA

Note Pharmaceutical benefits that have the form choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled syringe (Ovidrel USA) can be substituted for choriogonadotropin alfa solution for injection 250 micrograms in 0.5 mL pre-filled pen in the case of a shortage.

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

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

14124

Assisted Reproductive Technology

Clinical criteria:

- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

Treatment criteria:

- Patient must not be undergoing simultaneous treatment with this drug through another PBS program listing.

choriogonadotropin alfa 250 microgram/0.5 mL injection, 0.5 mL pen device

6182J	Max.Qty Packs	No. of Rpts	Premium \$	DPMQ \$	MRVSN \$	Brand Name and Manufacturer
	1	..	..	59.52	31.60	^a Ovidrel [SG]