Australian Government

Department of Health, Disability and Ageing

PBS

Schedule of Pharmaceutical Benefits

In Vitro Fertilisation (IVF) Program

Effective 1 September 2026

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Contents

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply from 1 September 2026 and are included, where applicable, in prices published in the Schedule.

Dispensing Fees:	Ready-prepared	$9.24
	Dangerous drug fee	$5.73
	Extemporaneously-prepared	$11.28
	Allowable additional patient charge*	$2.79
Additional Fees (for safety net prices):	Ready-prepared	$1.54
	Extemporaneously-prepared	$1.99
Patient Co-payments:	General	$25.00
	Concessional	$7.70
Safety Net Thresholds:	General	$1748.20
	Concessional	$277.20
Safety Net Card Issue Fee:		$12.78

* 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.

About the Schedule

The Schedule of Pharmaceutical Benefits lists all ready-prepared items subsidised under the Pharmaceutical Benefits Scheme (PBS).

The Schedule is published and is effective on the first day of each month.

For detailed information about the prescribing and supply of pharmaceutical benefits go to www.pbs.gov.au

For information about the operational aspects of the PBS, such as, PBS claiming, authority applications and stationery supplies contact Services Australia at www.servicesaustralia.gov.au

Symbols and Abbreviations Used in the Schedule

*	An asterisk in the dispensed price column indicates that the manufacturer's pack does not coincide with the maximum quantity
‡	A double dagger in the maximum quantity column indicates where the maximum quantity has been determined to match the manufacturer's pack. These packs cannot be broken and the maximum quantity should be supplied and claimed
#	A gauge in the dispensed price column indicates that the product is not preconstituted and that the dispensed price therefore included a dispensing fee and where appropriate, an amount for purified water
a or b	Located immediately before brand names of an item indicates that the brands are equivalent for the purposes of substitution. These brands may be interchanged without differences in clinical effect
B	Located immediately before an amount in the premium column indicates a brand premium which applies to that particular brand of the item
T	Located immediately before an amount in the premium column indicates a therapeutic group premium which applies to that particular item
S	Located immediately before an amount in the premium column indicates a special patient contribution which applies to that particular item
DPMQ $	Dispensed price for maximum quantity
MRVSN $	Maximum recordable value for safety net
NP	Indicates that the item can be prescribed by an authorised nurse practitioner
MW	Indicates that the item can be prescribed by an authorised midwife
OP	Indicates that the item can be prescribed by an authorised optometrist
DP	Indicates that the item can be prescribed by an authorised dental practitioner

Restricted Benefits

All restricted items have separate headings for authority and non-authority items. In each case these items may be prescribed as pharmaceutical benefits only for use for one of the specified indications. Where more than one indication is specified for an Authority required or Restricted pharmaceutical benefit, each indication is separated from the preceding indication by a semi-colon and commences on the next line. In the case of Authority required (STREAMLINED) items, each restriction will also include a streamlined authority code. The drug may be prescribed as a pharmaceutical benefit for a patient who qualifies under any of the specified indications.

Restricted benefits – above an item indicates where an item can only be prescribed for specific therapeutic uses.

Authority required benefits – above an item indicates that a prescriber must seek approval from Services Australia or the Department of Veterans' Affairs. The prescriber must declare the specific conditions and circumstances that justify the use of these medicines. This is usually done by phone or in writing.

Authority required (STREAMLINED) – authority can be sought electronically.

IVF Program

GENITO URINARY SYSTEM AND SEX HORMONES

SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

PROGESTOGENS

Pregnen (4) derivatives

PROGESTERONE

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

Authority Required (STREAMLINED)

5045

Assisted Reproductive Technology

Clinical criteria:

- The treatment must be for luteal phase support as part of an assisted reproductive technology (ART) treatment cycle for infertile women, **AND**
- Patient must be receiving medical services as described in items 13200 or 13201 of the Medicare Benefits Schedule.

The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.

Note Special Pricing Arrangements apply.

progesterone 8% vaginal gel, 15 applications

6366C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	0	0.00	*204.38	25.00	Crinone 8% [SG]

PROGESTERONE

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

Authority Required (STREAMLINED)

4997

Assisted Reproductive Technology

Clinical criteria:

- The treatment must be for luteal phase support as part of an assisted reproductive technology (ART) treatment cycle for infertile women, **AND**
- Patient must be receiving medical services as described in items 13200 or 13201 of the Medicare Benefits Schedule.

The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.

progesterone 100 mg pessary, 15

9608Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	0	0.00	*158.64	25.00	Oripro [ON]

progesterone 100 mg pessary, 21

10116K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	0	0.00	*75.66	25.00	Endometrin [FP]

progesterone 200 mg pessary, 15

9609R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	0	0.00	*119.70	25.00	Oripro [ON]

progesterone 200 mg pessary, 42

10930G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	0	0.00	88.77	25.00	[a] Progesterone BNM 200 [BZ]	[a] Utrogestan [HB]

GONADOTROPINS AND OTHER OVULATION STIMULANTS

Gonadotropins

CHORIOGONADOTROPIN ALFA

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

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.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14656J	1	0	0.00	126.55	25.00	[a] Ovidrel (USA) [SG]

CHORIOGONADOTROPIN ALFA

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

Note Special Pricing Arrangements apply.

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.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6182J	1	0	0.00	78.83	25.00	[a] Ovidrel [SG]

CORIFOLLITROPIN ALFA

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

Authority Required (STREAMLINED)

5009

Assisted Reproductive Technology

Clinical criteria:

- The treatment must be for controlled ovarian stimulation, **AND**
- Patient must have an antral follicle count of 20 or less, **AND**
- Patient must be receiving medical services as described in items 13200, 13201, or 13202 of the Medicare Benefits Schedule, **AND**
- Patient must be undergoing a gonadotrophin releasing antagonist cycle.

corifollitropin alfa 100 microgram/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5816D	1	0	0.00	394.20	25.00	Elonva [OQ]

corifollitropin alfa 150 microgram/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5817E	1	0	0.00	641.39	25.00	Elonva [OQ]

FOLLITROPIN ALFA

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

Note Pharmaceutical benefits that have the form follitropin alfa cartridge (Ovaleap) and pharmaceutical benefits that have the form follitropin alfa single pen device (Gonal-f Pen), in the same corresponding strength, are equivalent for the purposes of substitution.

Where the Ovaleap brand is supplied, the separate pen device is to be supplied to the patient where required as it is not packaged with the cartridges. The pen device for the Ovaleap brand can be obtained by contacting the pharmaceutical wholesaler, or, the sponsor directly.

Note Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Medicines webpage (www.health.gov.au/health-topics/medicines).

Note Biosimilar prescribing policy

Prescribing of a biosimilar brand where available is encouraged for treatment naive patients.

Authority Required (STREAMLINED)

5027

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.

follitropin alfa 75 units (5.5 microgram)/0.125 mL injection, 5 x 0.125 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10861P	3	0	0.00	*329.40	25.00	Bemfola [FX]

follitropin alfa 150 units (11 microgram)/0.25 mL injection, 5 x 0.25 mL pen devices

10873G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*649.62	25.00	Bemfola [FX]

follitropin alfa 225 units (16.5 microgram)/0.375 mL injection, 5 x 0.375 mL pen devices

10872F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*969.78	25.00	Bemfola [FX]

follitropin alfa 300 units (21.84 microgram)/0.48 mL injection, 0.48 mL pen device

6431L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*189.00	25.00	[a] Gonal-f Pen [SG]

follitropin alfa 300 units (22 microgram)/0.5 mL injection, 5 x 0.5 mL pen devices

10866X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*1,280.73	25.00	Bemfola [FX]

follitropin alfa 300 units (22 microgram)/0.5 mL injection, 0.5 mL cartridge

12779N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*189.00	25.00	[a] Ovaleap [TT]

follitropin alfa 450 units (32.76 microgram)/0.72 mL injection, 0.72 mL pen device

6432M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*278.88	25.00	[a] Gonal-f Pen [SG]

follitropin alfa 450 units (33 microgram)/0.75 mL injection, 5 x 0.75 mL pen devices

10867Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*1,896.45	25.00	Bemfola [FX]

follitropin alfa 450 units (33 microgram)/0.75 mL injection, 0.75 mL cartridge

12800Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*278.88	25.00	[a] Ovaleap [TT]

follitropin alfa 900 units (65.52 microgram)/1.44 mL injection, 1.44 mL pen device

6433N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*1,686.64	25.00	[a] Gonal-f Pen [SG]

follitropin alfa 900 units (66 microgram)/1.5 mL injection, 1.5 mL cartridge

12770D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*1,686.64	25.00	[a] Ovaleap [TT]

FOLLITROPIN ALFA + LUTROPIN ALFA

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

Authority Required (STREAMLINED)

16362

Stimulation of follicular development

Clinical criteria:

- Patient must have severe LH deficiency, **AND**
- Patient must be receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

follitropin alfa 900 units (65.52 microgram)/1.44 mL + lutropin alfa 450 units/1.44 mL injection, 1.44 mL pen device

11667C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*3,599.48	25.00	Pergoveris [SG]

FOLLITROPIN BETA

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

Authority Required (STREAMLINED)

5027

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.

follitropin beta 300 units/0.36 mL injection, 0.36 mL cartridge

6335K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*199.32	25.00	Puregon 300 IU/0.36 mL [OQ]

follitropin beta 600 units/0.72 mL injection, 0.72 mL cartridge

6336L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*751.04	25.00	Puregon 600 IU/0.72 mL [OQ]

follitropin beta 900 units/1.08 mL injection, 1.08 mL cartridge

6464F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*1,374.69	25.00	Puregon 900 IU/1.08 mL [OQ]

FOLLITROPIN DELTA

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

Authority Required (STREAMLINED)

5027

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.

follitropin delta 12 microgram/0.36 mL injection, 0.36 mL pen device

11430N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*446.19	25.00	Rekovelle [FP]

follitropin delta 36 microgram/1.08 mL injection, 1.08 mL pen device

11431P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	5	0	0.00	*1,309.59	25.00	Rekovelle [FP]

follitropin delta 72 microgram/2.16 mL injection, 2.16 mL pen device

11414R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*2,065.88	25.00	Rekovelle [FP]

HUMAN CHORIONIC GONADOTROPHIN

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

Authority Required (STREAMLINED)

6991

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.

human chorionic gonadotrophin 5000 units injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

15191M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	0	0.00	*227.30	25.00	Choriomon 5000 I.E [DZ]

human chorionic gonadotrophin 1500 units injection [3 vials] (&) inert substance diluent [3 x 1 mL vials], 1 pack

12879W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	0	0.00	154.76	25.00	Brevactid 1500 I.E [DZ]

HUMAN MENOPAUSAL GONADOTROPHIN

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

Authority Required (STREAMLINED)

5027

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.

human menopausal gonadotrophin 600 units injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

2036E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	0	0.00	*757.08	25.00	Menopur 600 [FP]

human menopausal gonadotrophin 1200 units injection [1 vial] (&) inert substance diluent [2 x 1 mL syringes], 1 pack

2038G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*1,966.80	25.00	Menopur 1200 [FP]

LUTROPIN ALFA

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

Authority Required (STREAMLINED)

5251

Stimulation of follicular development

Clinical criteria:

- Patient must have severe LH deficiency, **AND**
- Patient must be receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

lutropin alfa 75 units injection [1 vial] (&) inert substance diluent [1 mL vial], 1 pack

10465T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14	0	0.00	*1,356.04	25.00	Luveris [SG]

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

HYPOTHALAMIC HORMONES

Gonadotropin-releasing hormones

NAFARELIN

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

Authority Required (STREAMLINED)

5046

Assisted Reproductive Technology

Clinical criteria:

- The treatment must be for prevention of premature luteinisation and ovulation, **AND**
- Patient must be undergoing controlled ovarian stimulation, **AND**
- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

nafarelin 200 microgram/actuation nasal spray, 60 actuations

5815C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	0	0.00	*222.64	25.00	Synarel [PF]

Anti-gonadotropin-releasing hormones

CETRORELIX

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

Authority Required (STREAMLINED)

5046

Assisted Reproductive Technology

Clinical criteria:

- The treatment must be for prevention of premature luteinisation and ovulation, **AND**
- Patient must be undergoing controlled ovarian stimulation, **AND**
- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

cetrorelix 250 microgram injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

9599F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	0	0.00	*419.04	25.00	Cetrotide [SG]

GANIRELIX

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

Authority Required (STREAMLINED)

5046

Assisted Reproductive Technology

Clinical criteria:

- The treatment must be for prevention of premature luteinisation and ovulation, **AND**
- Patient must be undergoing controlled ovarian stimulation, **AND**
- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

ganirelix 250 microgram/0.5 mL injection, 0.5 mL syringe

9583J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10	0	0.00	*201.94	25.00	[a] ARX Ganirelix [XT]	[a] Ganirelix Lupin [GQ]
					[a] GANIRELIX SUN [RA]	[a] Orgalutran [AF]

ganirelix 250 microgram/0.5 mL injection, 5 x 0.5 mL syringes

9584K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	0	0.00	*201.96	25.00	[a] ARX Ganirelix [XT]	[a] Ganirelix Lupin [GQ]

9584K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
						[a] GANIRELIX SUN [RA]	[a] Ganirelix Theramex [TT]
						[a] Orgalutran [AF]	

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ENDOCRINE THERAPY

HORMONES AND RELATED AGENTS

Gonadotropin releasing hormone analogues

TRIPTORELIN

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

Authority Required (STREAMLINED)

5046

Assisted Reproductive Technology

Clinical criteria:

- The treatment must be for prevention of premature luteinisation and ovulation, **AND**
- Patient must be undergoing controlled ovarian stimulation, **AND**
- Patient must be receiving medical services as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.

triptorelin acetate 100 microgram/mL injection, 7 x 1 mL syringes

10907C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	0	0.00	*148.56	25.00	Decapeptyl [FP]

Index of Manufacturer Codes

Code	Manufacturer
AF	Alphapharm Pty Ltd
BZ	Boucher & Muir Pty Ltd
DZ	Medsurge Healthcare Pty Ltd
FP	Ferring Pharmaceuticals Pty Limited
FX	Gedeon Richter Australia Pty Ltd
GQ	Generic Health Pty Ltd
HB	Besins Healthcare Australia Pty Ltd
ON	Orion Laboratories Pty. Ltd.
OQ	Organon Pharma Pty Ltd
PF	Pfizer Australia Pty Ltd
RA	Sun Pharma ANZ Pty Ltd
SG	Merck Healthcare Pty Ltd
TT	Theramex Australia Pty Ltd
XT	Arrotex Pharmaceuticals Pty Ltd

Generic/Proprietary Index