

**Positive Recommendations made by the PBAC in June 2000**

DRUG AND FORM	DRUG USE /TYPE	LISTING REQUESTED BY SPONSOR	PBAC RECOMMENDATION & COMMENTS
Baclofen Intrathecal Injections 10 mg in 5 mL & 10 mg in 20 mL (Lioresal Intrathecal®)	For spasticity	Section 100 listing for use in patients with severe chronic spasticity due to multiple sclerosis or spinal cord injury/disease in whom oral anti-spastic agents have failed and/or have shown intolerable side effects.	Recommended for listing on the basis of acceptable cost-effectiveness.
Disodium pamidronate injection 15 mg 30 mg 90 mg + solvent (Aredia®)	To treat high calcium blood levels in patients with bone cancer.	Section 100 listing for the treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.	Recommended as being of similar safety and efficacy to oral sodium clodronate
Dydrogesterone tablet 10 mg (Duphaston®)	A synthetic progesterone-type hormone	Restricted benefit listing for the treatment of endometriosis.	Recommended for listing on the basis of acceptable cost-effectiveness.
Morphine sulfate tablet (controlled release) 200 mg and sachets containing controlled release granules 200 mg (MS Contin®)	Opioid pain killer	Restricted benefit listing for chronic severe disabling pain due to cancer.	Recommended for listing on the basis of acceptable cost-effectiveness.
Nevirapine oral suspension 50 mg per 5 mL (Viramune®)	An anti-viral product	Section 100 listing for the treatment of HIV infection in patients with CD4 cell counts of less than 500 per mm <sup>3</sup> or viral load greater than 10,000 copies per mL.	Recommended for listing as for other HIV/AIDS therapies
Perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tabs	Another combination product for high blood pressure.	Restricted benefit listing for the treatment of hypertension in patients for whom	Recommended for listing where hypertension is not adequately controlled with one or other of the

(Coversyl Plus 4/1.25®)		antihypertensive monotherapy is inadequate or combination therapy is required.	components.
Piperazine oestrone sulfate + MPA 1.25 mg tabs 28 + 10 mg tabs 14 1.25 mg tabs 28 + 5 mg tabs 28 (Progena-14® & Progena-28®)	Hormone replacement therapy for women.	Unrestricted listing	Recommended for listing on the basis of acceptable cost-effectiveness.
Quetiapine fumarate tabs 25 mg, 100 mg, 200 mg (Seroquel®)	For the treatment of schizophrenia	Authority required listing for schizophrenia where other antipsychotic therapy is inappropriate.	Recommended as being of similar safety and efficacy to risperidone.
Rofecoxib tabs 12.5 mg 25 mg oral susp 12.5 mg/5mL 25mg/5 mL (Vioxx ®)	A COX-2 inhibitor for osteoarthritis only.	Restricted benefit for the treatment of chronic osteoarthritis with an inflammatory component.	Recommended for listing on the basis of acceptable cost-effectiveness.
Succinylated gelatin 4% 20g/500mL for IV infusion (Gelofusine®)	Used for the treatment of hypotension and hypovolaemia.	Unrestricted listing.	Recommended as being of similar safety and efficacy to polygeline.
Tramadol hydrochloride capsule 50 mg (Tramal®)	Pain killer	Restricted benefit listing for moderate to severe pain where aspirin and /or paracetamol alone are inappropriate or have failed.	Recommended for listing on the basis of acceptable cost-effectiveness for acute pain.
Ursodeoxycholic acid caps 250 mg (Ursofalk®)	For primary biliary cirrhosis	Authority required listing for the treatment of primary biliary cirrhosis.	Recommended for listing on the basis of acceptable cost-effectiveness.
Valaciclovir tab 500 mg (Valtrex®)	An anti-viral product	Section 100 listing for the 'Prophylaxis of cytomegalovirus (CMV) infection and disease following solid organ	Recommended for listing under section 100 for renal transplant on the basis of acceptable cost-effectiveness.

		transplantation in patients at risk of CMV disease’.	
X Phen, Tyr Analog® powder 400g	A food for special medical purposes	Restricted benefit listing for infants and very young children with proven tyrosinaemia.	Recommended for listing as requested
X Phen, Tyr Maxamaid® powder 500 g	A food for special medical purposes	Restricted benefit listing for children with proven tyrosinaemia.	Recommended for listing as requested