Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

EFFICIENT FUNDING OF CHEMOTHERAPY – SECTION 100 ARRANGEMENTS SUPPLEMENT

This schedule is also available on the internet at

www.pbs.gov.au

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This Schedule provides information on the arrangements for the prescribing and supply of pharmaceutical benefits. These arrangements operate under the National Health Act 1953. However, at the time of distribution the relevant legislation giving authority for the changes included in this issue of the Schedule may still be subject to the usual Parliamentary scrutiny. This book is not a legal document, and, in cases of discrepancy, the legislation will be the source document for payment for the supply of pharmaceutical benefits. The legislation is available from the Federal Register of Legislative Instruments website at http://www.frli.gov.au.

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SUMMARY OF CHANGES

Additions

A new section has been added to this Schedule:

Related pharmaceutical benefits (not subject to the revised arrangements) for public hospital use

This section includes items, such as antiemetics, antinauseants, immunostimulants and detoxifying agents for antineoplastic treatment, which were previously available through the Chemotherapy Pharmaceutical Access Program. These items are only available for prescribing in public hospitals.

Additions – Items

4402Q, 7235T	**Bleomycin Sulfate**	Injection	Powder for injection 15,000 i.u. (Bleo 15K, WQ)
4360L, 7228K	**Doxorubicin Hydrochloride, Pegylated Liposomal**	Injection	Suspension for I.V. infusion 20 mg in 10 mL (Caelyx, JC)

Note: Items 4360L and 7228K have been added to allow claiming by pharmacists, who are experiencing stock shortages of the 50 mg vial.

Additions – Brands

4361M, 7229L	**Doxorubicin Hydrochloride**	Injection	Accord Doxorubicin, WQ (Solution for I.V. injection or intravesical administration 10 mg in 5 mL)
4361M, 7229L	**Doxorubicin Hydrochloride**	Injection	Accord Doxorubicin, WQ (Solution for I.V. injection or intravesical administration 200 mg in 100 mL)
4375G, 7231N	**Epirubicin Hydrochloride**	Injection	Epiccord, WQ (Solution for injection 10 mg in 5 mL)
4375G, 7231N	**Epirubicin Hydrochloride**	Injection	Epiccord, WQ (Solution for injection 20 mg in 10 mL)
4375G, 7231N	**Epirubicin Hydrochloride**	Injection	Epiccord, WQ (Solution for injection 200 mg in 100 mL)
4375G, 7231N	**Epirubicin Hydrochloride**	Injection	Epiccord, WQ (Solution for injection 50 mg in 25 mL)
4375G, 7231N	**Epirubicin Hydrochloride**	Injection	Epirubicin Kabi, PK (Solution for injection 200 mg in 100 mL)
4375G, 7231N	**Epirubicin Hydrochloride**	Injection	Epirubicin Kabi, PK (Solution for injection 50 mg in 25 mL)
4502Y, 4512L, 7250N, 7251P	**Methotrexate**	Injection	Methaccord, WQ (Injection 50 mg in 2 mL)
4502Y, 4512L, 7250N, 7251P	**Methotrexate**	Injection	Methaccord, WQ (Solution concentrate for I.V. infusion 1000 mg in 10 mL)

Deletion

Deletion – Note

7255W, 4600D	**Pemetrexed Disodium**	Injection

EFFICIENT FUNDING OF CHEMOTHERAPY – SECTION 100 ARRANGEMENTS

Explanatory Notes

In addition to the drugs and medicinal preparations listed in the Schedule of Pharmaceutical Benefits, a number of drugs are also available as pharmaceutical benefits but are distributed under alternative arrangements. These alternative arrangements are provided for under section 100 of the *National Health Act 1953*.

Section 100 cancer chemotherapy drugs

New prescribing and dispensing arrangements for certain chemotherapy drugs subsidised by the Pharmaceutical Benefits Scheme (PBS) came into effect on 1 December 2011 under the Revised Arrangements for the Efficient Funding of Chemotherapy Drugs initiative (Revised Arrangements).

Chemotherapy drugs used for the treatment of cancer and administered through infusion or injection are covered by these Revised Arrangements. The Revised Arrangements operate under a section 100 program which includes certain intravenous chemotherapy drugs, as listed in this Schedule, which were previously supplied through:

- the General Pharmaceutical Benefits Schedule (section 2)
- the Special Authority Program (trastuzumab - Herceptin®), and
- the Chemotherapy Pharmaceutical Access Program (CPAP).

This Schedule is split into two parts:

1) Chemotherapy items for private hospital/private clinic use

This includes items subject to the revised arrangements, ie. chemotherapy drugs administered through infusion or injection

2a) Chemotherapy items for public hospital use

This includes items subject to the revised arrangements, ie. chemotherapy drugs administered through infusion or injection

2b) Related pharmaceutical benefits (not subject to the revised arrangements) for public hospital use

This includes items such as antiemetics, antinauseants, immunostimulants and detoxifying agents for antineoplastic treatment

Where public hospital prescribers write prescriptions for chemotherapy infusibles, that are to be dispensed outside public hospitals, they will need to prescribe from the list of chemotherapy items for private hospital/private clinic use. In these circumstances any related pharmaceutical benefits will need to be prescribed using the General Schedule listings of these drugs. Any associated authority approvals would also need to be obtained.

Prescribing and Supplying - Information for PBS Prescribers and Pharmacists

NOTE: The following information relates only to chemotherapy items subject to the revised arrangements. The related pharmaceutical benefits listed in this Schedule primarily follow the same rules as those listed in the General Pharmaceutical Benefits Schedule.

Chemotherapy drugs are listed based on the relevant unit of measure. Prescribers of these drugs must write dose specific prescriptions, which specify the amount of active ingredient/s required for a single infusion or injection using milligrams or other relevant units of measure.

- Prescribing will exclude reference to forms and strengths
- Loading and maintenance doses will need to be prescribed separately
- Prescriptions will no longer take the form of an order for a certain number of items, but will instead order an amount of a drug or drugs at the generic (drug) level for a specific infusion/injection
- Prescribers retain the right to prescribe by brand.

This Schedule has been updated to include:

- one item code per drug (in most circumstances) under which brands, forms and strengths are listed
- maximum amount (which replaces maximum quantity) refers to the upper limit in milligrams or other relevant unit of measure

Dispensing software has been upgraded to include an algorithm which will calculate the most cost-efficient combination of vial sizes that make up the required patient dose (one prescription) and calculate the level of remuneration paid.

The algorithm does not determine how the infusion is prepared, however remuneration will be made based on the most cost-efficient combination of vial sizes. Pharmacists will still be able to dispense any subsidised brand or combination of brands.

A dose variation will be allowed by up to 10 percent from the original amount prescribed on the recommendation of the prescriber without requirement for a new prescription.

Same day prescribing will be allowed. Regulations 24 (immediate supply necessary) and 25 (hardship provisions) will not apply for items under this initiative.

To recognise the specialist nature of dispensing chemotherapy drugs the Government has determined new remuneration arrangements. The fee structure for community pharmacies, public hospitals and private hospitals is provided below.

For more information on prescribing and supplying chemotherapy medicines subject to the Revised Arrangements, refer to the PBS website at www.pbs.gov.au.

Authorisation requirements

Authorisation requirements have not been varied by the Revised Arrangements. Items that require an Authority continue to require an Authority from Medicare.

Prior approval is not needed for Authority Required (STREAMLINED) items (except where increased quantities and/or repeats are required). Instead the authority prescription form must include a four digit streamlined authority code. Under the Revised Arrangements more items are available as Authority Required (STREAMLINED).

For more information on authorisation requirements, refer to the Explanatory Notes of the Schedule of Pharmaceutical Benefits at www.pbs.gov.au or the Medicare Australia website at www.medicareaustralia.gov.au.

Brand equivalence

An 'a' located immediately before brand names of a particular strength of an item indicates that the sponsors of these brands have submitted evidence that they have been demonstrated to be bioequivalent or therapeutically equivalent, or that justification for not needing bioequivalence or therapeutic equivalence data has been provided to and accepted by the Therapeutic Goods Administration. It would thus be expected that these brands may be interchanged without differences in clinical effect.

For other brands of an item, i.e., those not indicated as above, it is unknown whether or not they are equivalent. There may be several reasons for this, such as bioequivalence data not being considered necessary when the products were approved for marketing, or that advice or data have not been forthcoming from sponsors. This does not necessarily suggest a lack of safety or efficacy, but in these circumstances caution should be taken if brands are interchanged.

Remuneration arrangements

Fees payable per item claimed:

Section 90 Community Pharmacy (incl. section 92 approved practitioners)

- Ready Prepared Dispensing Fee ($6.42)
- Preparation fee ($40)
- Distribution fee ($24)
- Diluent fee ($4.75)

Section 94 Approved Public Hospital Authority

- Preparation fee ($40)

Section 94 Approved Private Hospital Authority

- Ready Prepared Dispensing Fee ($6.42)
- Preparation fee ($40)
- Distribution fee ($24) (not payable where the drug is trastuzumab)
- Diluent fee ($4.75)

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CHEMOTHERAPY ITEMS
FOR PRIVATE HOSPITAL/PRIVATE CLINIC USE

Special Pharmaceutical Benefits for Private Hospital/Private Clinic use

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. Other than for bleomycin sulfate, exemptions on medical grounds are available. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 28, in the Schedule of Pharmaceutical Benefits.

Antineoplastic and immunomodulating agents

Antineoplastic agents

Cytotoxic antibiotics and related substances

Other cytotoxic antibiotics

BLEOMYCIN SULFATE

Restricted Benefit

Germ cell neoplasms.

Restricted Benefit

Lymphoma.

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Proposed Dispensed Price for Max. Amount	Total Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
7244G	Injection	30000 i.u.	11	[s]67.94	150.75	218.69	35.40	[a]	Hospira Pty Limited (Powder for injection 15,000 i.u.)	HH

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	

Antineoplastic and immunomodulating agents

Antineoplastic agents

Alkylating agents

Nitrogen mustard analogues

CYCLOPHOSPHAMIDE

7226H	Injection	2800 mg	17	-	145.16	35.40		Endoxan (Powder for injection 1 g)	BX
								Endoxan (Powder for injection 2 g)	BX
								Endoxan (Powder for injection 500 mg)	BX

IFOSFAMIDE

Restricted Benefit

Relapsed or refractory germ cell tumours following first-line chemotherapy.

Restricted Benefit

Relapsed or refractory sarcomas following first-line chemotherapy.

7248L	Injection	4000 mg	19	-	329.77	35.40		Holoxan (Powder for I.V. injection 1 g)	BX
								Holoxan (Powder for I.V. injection 2 g)	BX

Nitrosoureas

FOTEMUSTINE

Authority Required (STREAMLINED)

3181

Metastatic malignant melanoma.

7245H	Injection	220 mg	8	-	2313.83	35.40		Muphoran (Powder for injection 208 mg with solvent)	SE

Antimetabolites

Folic acid analogues

METHOTREXATE

7250N	Injection	250 mg	5	-	96.77	35.40		Hospira Pty Limited (Injection 5 mg in 2 mL)	HH
								Hospira Pty Limited (Solution concentrate for I.V. infusion 500 mg in 20 mL)	HH
								Methotrexate Ebewe (Solution concentrate for I.V. infusion 5000 mg in 50 mL)	SZ
							[a]	Hospira Pty Limited (Injection 50 mg in 2 mL)	HH
							[a]	Hospira Pty Limited (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	HH
							[a]	Methaccord (Injection 50 mg in 2 mL)	WQ
							[a]	Methaccord (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	WQ
							[a]	Methotrexate Ebewe (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	SZ
							[a]	Pfizer Australia Pty Ltd (Injection 50 mg in 2 mL)	PF

METHOTREXATE

Restricted Benefit

Patients receiving treatment with a high dose regimen.

7251P	Injection	20000 mg	0	-	1638.77	35.40		Hospira Pty Limited (Injection 5 mg in 2 mL)	HH
								Hospira Pty Limited (Solution concentrate for I.V. infusion 500 mg in 20 mL)	HH
								Methotrexate Ebewe (Solution concentrate for I.V. infusion 5000 mg in 50 mL)	SZ
							[a]	Hospira Pty Limited (Injection 50 mg in 2 mL)	HH
							[a]	Hospira Pty Limited (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	HH
							[a]	Methaccord (Injection 50 mg in 2 mL)	WQ
							[a]	Methaccord (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	WQ

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
							a	Methotrexate Ebewe (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	SZ
							a	Pfizer Australia Pty Ltd (Injection 50 mg in 2 mL)	PF

PEMETREXED DISODIUM

Authority Required

Locally advanced or metastatic non-small cell lung cancer, after prior platinum-based chemotherapy.
Doses greater than 500 mg per metre squared body surface area (BSA) will not be approved for PBS subsidy. The patient's BSA must be provided at the time of the authority approval.

Authority Required

Mesothelioma in combination with cisplatin.
Doses greater than 500 mg per metre squared body surface area (BSA) will not be approved for PBS subsidy. The patient's BSA must be provided at the time of the authority approval.

7255W	Injection	1100 mg	5	-	3559.88	35.40		Alimta (Powder for I.V. infusion 100 mg (base))	LY
								Alimta (Powder for I.V. infusion 500 mg (base))	LY

RALTITREXED

Authority Required (STREAMLINED)

3185

For use as a single agent in the treatment of advanced colorectal cancer.

7256X	Injection	7 mg	8	-	1129.05	35.40		Tomudex (Powder for I.V. infusion 2 mg)	HH

Purine analogues

CLADRIBINE

Authority Required (STREAMLINED)

3180

Hairy cell leukaemia.

7225G	Injection	17 mg	6	-	1407.33	35.40		Leustatin (Solution for I.V. infusion 10 mg in 10 mL)	JC
								Litak (Injection 10 mg in 5 mL)	OA

FLUDARABINE PHOSPHATE

Authority Required (STREAMLINED)

3887

B-cell chronic lymphocytic leukaemia in combination with cyclophosphamide where the patient has advanced disease (Binet Stage B or C) or evidence of progressive Stage A disease.

Stage A progressive disease is defined by at least one of the following: persistent rise in lymphocyte count with doubling time less than 12 months; a downward trend in haemoglobin or platelets, or both; more than 50% increase in the size of liver, spleen, or lymph nodes, or appearance of these signs if not previously present; constitutional symptoms attributable to disease.

The diagnosis of chronic lymphocytic leukaemia (CLL) must have been established based on:
(a) a lymphocytosis, with more than 5000 million lymphocytes per L in the peripheral blood; and
(b) a clonal population of B-cells (CD5/CD19) documented by flow cytometry.

Note

Pharmaceutical benefits that have the form fludarabine phosphate powder for I.V. injection 50 mg (after reconstitution) and pharmaceutical benefits that have the form fludarabine phosphate solution for I.V. injection 50 mg are equivalent for the purposes of substitution.

7233Q	Injection	55 mg	29	-	645.59	35.40	a	Farine (Powder for I.V. injection 50 mg)	WQ
							a	Fludara (Powder for I.V. injection 50 mg)	GZ
							a	Fludarabine Actavis (Powder for I.V. injection 50 mg)	TA
							a	Fludarabine Ebewe (Solution for I.V. injection 50 mg in 2 mL)	SZ

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	Pyrimidine analogues								
	CYTARABINE								
7227J	Injection	7000 mg	15	-	809.47	35.40		Pfizer Australia Pty Ltd (Injection 100 mg in 5 mL)	PF
	FLUOROURACIL								
	Restricted Benefit								
	For patients requiring administration of fluorouracil by intravenous infusion.								
7234R	Injection	5500 mg	11	-	117.33	35.40		Fluorouracil Ebewe (Injection 5000 mg in 100 mL)	SZ
							a	DBL Fluorouracil Injection BP (Injection 1000 mg in 20 mL)	HH
							a	DBL Fluorouracil Injection BP (Injection 2500 mg in 50 mL)	HH
							a	Fluorouracil Ebewe (Injection 1000 mg in 20 mL)	SZ
							a	Fluorouracil Ebewe (Injection 2500 mg in 50 mL)	SZ
							a	Fluorouracil Ebewe (Injection 500 mg in 10 mL)	SZ
							a	Hospira Pty Limited (Injection 500 mg in 10 mL)	HH
	FLUOROURACIL								
	Restricted Benefit								
	For patients requiring administration of fluorouracil by intravenous injection.								
7239B	Injection	1000 mg	23	-	83.15	35.40		Fluorouracil Ebewe (Injection 5000 mg in 100 mL)	SZ
							a	DBL Fluorouracil Injection BP (Injection 1000 mg in 20 mL)	HH
							a	DBL Fluorouracil Injection BP (Injection 2500 mg in 50 mL)	HH
							a	Fluorouracil Ebewe (Injection 1000 mg in 20 mL)	SZ
							a	Fluorouracil Ebewe (Injection 2500 mg in 50 mL)	SZ
							a	Fluorouracil Ebewe (Injection 500 mg in 10 mL)	SZ
							a	Hospira Pty Limited (Injection 500 mg in 10 mL)	HH
	GEMCITABINE								
	Caution								
	Pharmaceutical benefits containing gemcitabine may have different concentrations.								
	Note								
	Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 200 mg (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 5 mL, gemcitabine solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 20 mL and gemcitabine solution for injection 200 mg (as hydrochloride) in 5.3 mL are equivalent for the purposes of substitution.								
	Note								
	Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 1 g (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 1 g (as hydrochloride) in 25 mL, gemcitabine solution concentrate for I.V. infusion 1000 mg (as hydrochloride) in 100 mL and gemcitabine solution for injection 1 g (as hydrochloride) in 26.3 mL are equivalent for the purposes of substitution.								
	Note								
	Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 2 g (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 2 g (as hydrochloride) in 50 mL and gemcitabine solution for injection 2 g (as hydrochloride) in 52.6 mL are equivalent for the purposes of substitution.								
7246J	Injection	3000 mg	17	-	272.88	35.40		Gemcitabine Ebewe (Solution concentrate for I.V. infusion 500 mg (as hydrochloride) in 50 mL)	SZ
							a	DBL Gemcitabine Injection (Solution for injection 1 g (as hydrochloride) in 26.3 mL)	HH
							a	DBL Gemcitabine Injection (Solution for injection 2 g (as hydrochloride) in 52.6 mL)	HH
							a	DBL Gemcitabine Injection (Solution for injection 200 mg (as hydrochloride) in 5.3 mL)	HH
							a	DBL Gemcitabine for Injection (Powder for I.V. infusion 1 g (as hydrochloride))	HH
							a	DBL Gemcitabine for Injection (Powder for I.V. infusion 2 g (as hydrochloride))	HH
							a	DBL Gemcitabine for Injection (Powder for I.V. infusion 200 mg (as hydrochloride))	HH

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
							a	Gemcitabine Actavis (Powder for I.V. infusion 1 g (as hydrochloride))	TA
							a	Gemcitabine Actavis (Powder for I.V. infusion 200 mg (as hydrochloride))	TA
							a	Gemcitabine Ebewe (Powder for I.V. infusion 1 g (as hydrochloride))	SZ
							a	Gemcitabine Ebewe (Powder for I.V. infusion 200 mg (as hydrochloride))	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 1 g (as hydrochloride) in 25 mL)	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 1000 mg (as hydrochloride) in 100 mL)	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 2 g (as hydrochloride) in 50 mL)	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 20 mL)	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 5 mL)	SZ
							a	Gemcitabine Kabi (Powder for I.V. infusion 1 g (as hydrochloride))	PK
							a	Gemcitabine Kabi (Powder for I.V. infusion 2 g (as hydrochloride))	PK
							a	Gemcitabine Kabi (Powder for I.V. infusion 200 mg (as hydrochloride))	PK
							a	Gemcitabine Sun (Powder for I.V. infusion 1 g (as hydrochloride))	ZF
							a	Gemcitabine Sun (Powder for I.V. infusion 200 mg (as hydrochloride))	ZF
							a	Gemcite (Powder for I.V. infusion 1 g (as hydrochloride))	ZP
							a	Gemcite (Powder for I.V. infusion 200 mg (as hydrochloride))	ZP
							a	Gemplan (Powder for I.V. infusion 1 g (as hydrochloride))	WQ
							a	Gemplan (Powder for I.V. infusion 200 mg (as hydrochloride))	WQ
							a	Gemzar (Powder for I.V. infusion 1 g (as hydrochloride))	LY
							a	Gemzar (Powder for I.V. infusion 200 mg (as hydrochloride))	LY

Plant alkaloids and other natural products

Vinca alkaloids and analogues

VINBLASTINE SULFATE

7261E	Injection	20 mg	17	-	135.93	35.40		Hospira Pty Limited (Solution for I.V. injection 10 mg in 10 mL)	HH

VINCRISTINE SULFATE

7262F	Injection	2 mg	7	-	103.53	35.40	a	Hospira Pty Limited (I.V. injection 1 mg in 1 mL)	HH
							a	Pfizer Australia Pty Ltd (I.V. injection 1 mg in 1 mL)	PF

VINORELBINE

Authority Required (STREAMLINED)

3890

Locally advanced or metastatic non-small cell lung cancer.

Authority Required (STREAMLINED)

3907

Advanced breast cancer after failure of prior therapy which includes an anthracycline.

7263G	Injection	70 mg	7	-	226.79	35.40	a	Hospira Pty Limited (Solution for I.V. infusion 10 mg (as tartrate) in 1 mL)	HH
							a	Hospira Pty Limited (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL)	HH
							a	Navelbine (Solution for I.V. infusion 10 mg (as tartrate) in 1 mL)	FB
							a	Navelbine (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL)	FB

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
							a	Vinorelbine Ebewe (Solution for I.V. infusion 10 mg (as tartrate) in 1 mL)	SZ
							a	Vinorelbine Ebewe (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL)	SZ
							a	Vinorelbine Kabi (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL)	PK

Podophyllotoxin derivatives

ETOPOSIDE

7237X	Injection	440 mg	14	-	221.27	35.40		Etopophos (Powder for I.V. infusion 1 g (as phosphate))	BQ
								Etopophos (Powder for I.V. infusion 100 mg (as phosphate))	BQ
							a	Etoposide Ebewe (Solution for I.V. infusion 100 mg in 5 mL)	SZ
							a	Hospira Pty Limited (Solution for I.V. infusion 100 mg in 5 mL)	HH

Taxanes

DOCETAXEL

Caution

Pharmaceutical benefits containing docetaxel may have different concentrations.

Authority Required (STREAMLINED)

3916

Adjuvant treatment of node-positive breast cancer in combination with an anthracycline and cyclophosphamide.

Note

Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL, docetaxel solution concentrate for I.V. infusion 20 mg in 2 mL and docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution.

Note

Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL, docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL and docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.

7281F	Injection	250 mg	5	-	3883.76	35.40		DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 160 mg in 16 mL)	HH
								Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HH
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HH
							a	Docetaxel Ebewe (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HX
							a	Docetaxel Ebewe (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HX
							a	Docetaxel Sandoz (Solution concentrate for I.V. infusion 20 mg in 2 mL)	SZ
							a	Docetaxel Sandoz (Solution concentrate for I.V. infusion 80 mg in 8 mL)	SZ
							a	Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							a	Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							a	Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							a	Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							a	Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							a	Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	DOCETAXEL **Caution** Pharmaceutical benefits containing docetaxel may have different concentrations. **Authority Required (STREAMLINED)** ***3956*** Treatment of HER2 positive breast cancer in combination with trastuzumab. **Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL, docetaxel solution concentrate for I.V. infusion 20 mg in 2 mL and docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution. **Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL, docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL and docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.								
7282G	Injection	250 mg	5	-	3883.76	35.40		DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 160 mg in 16 mL)	HH
								Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HH
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HH
							a	Docetaxel Sandoz (Solution concentrate for I.V. infusion 20 mg in 2 mL)	SZ
							a	Docetaxel Sandoz (Solution concentrate for I.V. infusion 80 mg in 8 mL)	SZ
							a	Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							a	Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							a	Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							a	Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							a	Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							a	Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW
	DOCETAXEL **Caution** Pharmaceutical benefits containing docetaxel may have different concentrations. **Authority Required (STREAMLINED)** ***3888*** Neoadjuvant treatment of a patient with a WHO performance status of 1 or less, with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx, in combination with cisplatin and fluorouracil. **Note** The carcinoma can be considered inoperable for technical or organ preservation reasons. **Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL, docetaxel solution concentrate for I.V. infusion 20 mg in 2 mL and docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution. **Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL, docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL and docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.								
7283H	Injection	250 mg	5	-	3883.76	35.40		DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 160 mg in 16 mL)	HH
								Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HH
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HH

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
							[a] Docetaxel Ebewe (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HX
							[a] Docetaxel Ebewe (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HX
							[a] Docetaxel Sandoz (Solution concentrate for I.V. infusion 20 mg in 2 mL)	SZ
							[a] Docetaxel Sandoz (Solution concentrate for I.V. infusion 80 mg in 8 mL)	SZ
							[a] Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							[a] Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW

DOCETAXEL

Caution

Pharmaceutical benefits containing docetaxel may have different concentrations.

Authority Required (STREAMLINED)

3892

Adjuvant treatment of operable breast cancer in combination with cyclophosphamide.

Note

A maximum of four cycles of treatment will be authorised under this restriction.

Note

Pharmaceutical benefits that have the form docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL and pharmaceutical benefits that have the form docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution.

Note

Pharmaceutical benefits that have the form docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL and pharmaceutical benefits that have the form docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.

7284J	Injection	250 mg	5	-	3883.76	35.40	Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							[a] Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							[a] Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	DOCETAXEL								
	Caution								
	Pharmaceutical benefits containing docetaxel may have different concentrations.								
	Authority Required (STREAMLINED)								
	3890								
	Locally advanced or metastatic non-small cell lung cancer.								
	Authority Required (STREAMLINED)								
	3186								
	Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound.								
	Authority Required (STREAMLINED)								
	3884								
	Treatment of androgen independent (hormone refractory) metastatic carcinoma of the prostate in a patient with a Karnofsky performance-status score of at least 60%. Docetaxel must be used as first-line chemotherapy and administered in three weekly cycles.								
	Authority Required (STREAMLINED)								
	3955								
	Metastatic breast cancer.								
	Note								
	A maximum of 10 cycles of treatment with docetaxel will be authorised under this restriction.								
	Note								
	Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL and 20 mg in 2 mL, docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) and docetaxel powder for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution.								
	Note								
	Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL and 80 mg in 8 mL, docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) and docetaxel powder for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.								
7285K	Injection	250 mg	5	-	3883.76	35.40		DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 160 mg in 16 mL)	HH
								Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HH
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HH
							a	Docetaxel Ebewe (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HX
							a	Docetaxel Ebewe (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HX
							a	Docetaxel SUN (Powder for I.V. infusion 20 mg with solvent)	ZF
							a	Docetaxel SUN (Powder for I.V. infusion 80 mg with solvent)	ZF
							a	Docetaxel Sandoz (Solution concentrate for I.V. infusion 20 mg in 2 mL)	SZ
							a	Docetaxel Sandoz (Solution concentrate for I.V. infusion 80 mg in 8 mL)	SZ
							a	Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							a	Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							a	Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							a	Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							a	Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							a	Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	NAB PACLITAXEL **Authority Required (STREAMLINED)** ***3955*** Metastatic breast cancer. **Authority Required (STREAMLINED)** ***3956*** Treatment of HER2 positive breast cancer in combination with trastuzumab.								
7270P	Injection	580 mg	5	-	2554.07	35.40		Abraxane (Powder for I.V. injection 100 mg (base))	TS
	PACLITAXEL **Authority Required (STREAMLINED)** ***3890*** Locally advanced or metastatic non-small cell lung cancer. **Authority Required (STREAMLINED)** ***3902*** Primary treatment of ovarian cancer in combination with a platinum compound. **Authority Required (STREAMLINED)** ***3186*** Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound. **Authority Required (STREAMLINED)** ***3917*** Adjuvant treatment of node-positive breast cancer administered sequentially to an anthracycline and cyclophosphamide. **Authority Required (STREAMLINED)** ***3956*** Treatment of HER2 positive breast cancer in combination with trastuzumab. **Authority Required (STREAMLINED)** ***3955*** Metastatic breast cancer.								
7254T	Injection	450 mg	3	-	1259.27	35.40	a	Anzatax (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	HH
							a	Anzatax (Solution concentrate for I.V. infusion 150 mg in 25 mL)	HH
							a	Anzatax (Solution concentrate for I.V. infusion 30 mg in 5 mL)	HH
							a	Anzatax (Solution concentrate for I.V. infusion 300 mg in 50 mL)	HH
							a	Paclitaxel Actavis (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	TA
							a	Paclitaxel Actavis (Solution concentrate for I.V. infusion 150 mg in 25 mL)	TA
							a	Paclitaxel Actavis (Solution concentrate for I.V. infusion 30 mg in 5 mL)	TA
							a	Paclitaxel Actavis (Solution concentrate for I.V. infusion 300 mg in 50 mL)	TA
							a	Paclitaxel Ebewe (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	SZ
							a	Paclitaxel Ebewe (Solution concentrate for I.V. infusion 150 mg in 25 mL)	SZ
							a	Paclitaxel Ebewe (Solution concentrate for I.V. infusion 30 mg in 5 mL)	SZ
							a	Paclitaxel Ebewe (Solution concentrate for I.V. infusion 300 mg in 50 mL)	SZ
							a	Paclitaxel Kabi (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	PK
							a	Paclitaxel Kabi (Solution concentrate for I.V. infusion 30 mg in 5 mL)	PK
							a	Paclitaxel Kabi (Solution concentrate for I.V. infusion 300 mg in 50 mL)	PK
							a	Paclitaxel Pfizer (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	PF
							a	Paclitaxel Pfizer (Solution concentrate for I.V. infusion 30 mg in 5 mL)	PF
							a	Paclitaxel Pfizer (Solution concentrate for I.V. infusion	PF

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
								300 mg in 50 mL)	
							a	Plaxel (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	WQ
							a	Plaxel (Solution concentrate for I.V. infusion 150 mg in 25 mL)	WQ
							a	Plaxel (Solution concentrate for I.V. infusion 30 mg in 5 mL)	WQ
							a	Plaxel (Solution concentrate for I.V. infusion 300 mg in 50 mL)	WQ
							a	Taxol (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	BQ
							a	Taxol (Solution concentrate for I.V. infusion 30 mg in 5 mL)	BQ
							a	Taxol (Solution concentrate for I.V. infusion 300 mg in 50 mL)	BQ

Cytotoxic antibiotics and related substances

Anthracyclines and related substances

DOXORUBICIN HYDROCHLORIDE

7229L	Injection/intravesical	135 mg	11	-	166.18	35.40		Adriamycin Solution (Solution for I.V. injection or intravesical administration 20 mg in 10 mL)	PF
								Doxorubicin Ebewe (Solution for I.V. injection or intravesical administration 100 mg in 50 mL)	SZ
							a	Accord Doxorubicin (Solution for I.V. injection or intravesical administration 10 mg in 5 mL)	WQ
							a	Accord Doxorubicin (Solution for I.V. injection or intravesical administration 200 mg in 100 mL)	WQ
							a	Adriamycin (Solution for I.V. injection or intravesical administration 200 mg in 100 mL)	PF
							a	Adriamycin Solution (Solution for I.V. injection or intravesical administration 10 mg in 5 mL)	PF
							a	Adriamycin Solution (Solution for I.V. injection or intravesical administration 50 mg in 25 mL)	PF
							a	Doxorubicin Ebewe (Solution for I.V. injection or intravesical administration 10 mg in 5 mL)	SZ
							a	Doxorubicin Ebewe (Solution for I.V. injection or intravesical administration 200 mg in 100 mL)	SZ
							a	Doxorubicin Ebewe (Solution for I.V. injection or intravesical administration 50 mg in 25 mL)	SZ
							a	Hospira Pty Limited (Solution for I.V. injection or intravesical administration 10 mg in 5 mL)	HH
							a	Hospira Pty Limited (Solution for I.V. injection or intravesical administration 50 mg in 25 mL)	HH

DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL

Authority Required

Advanced epithelial ovarian cancer in women who have failed a first-line platinum-based chemotherapy regimen.

Authority Required

Metastatic breast cancer, as monotherapy, after failure of prior therapy which includes capecitabine and a taxane.

Authority Required

Metastatic breast cancer, as monotherapy, where therapy with capecitabine and/or a taxane is contraindicated.

7228K	Injection	100 mg	5	-	3260.12	35.40		Caelyx (Suspension for I.V. infusion 20 mg in 10 mL)	JC
7230M	Injection	100 mg	5	-	3111.77	35.40		Caelyx (Suspension for I.V. infusion 20 mg in 10 mL)	JC
								Caelyx (Suspension for I.V. infusion 50 mg in 25 mL)	JC

EPIRUBICIN HYDROCHLORIDE

7231N	Injection/intravesical	220 mg	5	-	247.14	35.40	a	DBL Epirubicin Hydrochloride Injection (Solution for injection 200 mg in 100 mL)	HH
							a	Epiccord (Solution for injection 10 mg in 5 mL)	WQ
							a	Epiccord (Solution for injection 20 mg in 10 mL)	WQ
							a	Epiccord (Solution for injection 200 mg in 100 mL)	WQ
							a	Epiccord (Solution for injection 50 mg in 25 mL)	WQ
							a	Epirubicin Actavis 10 (Solution for injection 10 mg in 5 mL)	TA

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
							a	Epirubicin Actavis 100 (Solution for injection 100 mg in 50 mL)	TA
							a	Epirubicin Actavis 20 (Solution for injection 20 mg in 10 mL)	TA
							a	Epirubicin Actavis 200 (Solution for injection 200 mg in 100 mL)	TA
							a	Epirubicin Actavis 50 (Solution for injection 50 mg in 25 mL)	TA
							a	Epirubicin Ebewe (Solution for injection 10 mg in 5 mL)	SZ
							a	Epirubicin Ebewe (Solution for injection 100 mg in 50 mL)	SZ
							a	Epirubicin Ebewe (Solution for injection 200 mg in 100 mL)	SZ
							a	Epirubicin Ebewe (Solution for injection 50 mg in 25 mL)	SZ
							a	Epirubicin Kabi (Solution for injection 200 mg in 100 mL)	PK
							a	Epirubicin Kabi (Solution for injection 50 mg in 25 mL)	PK
							a	Hospira Pty Limited (Solution for injection 100 mg in 50 mL)	HH
							a	Hospira Pty Limited (Solution for injection 50 mg in 25 mL)	HH
							a	Pharmorubicin Solution (Solution for injection 10 mg in 5 mL)	PF
							a	Pharmorubicin Solution (Solution for injection 20 mg in 10 mL)	PF
							a	Pharmorubicin Solution (Solution for injection 50 mg in 25 mL)	PF
	IDARUBICIN HYDROCHLORIDE **Restricted Benefit** Acute myelogenous leukaemia.								
7247K	Injection	30 mg	5	-	924.77	35.40	a	Idarubicin Ebewe (Solution for I.V. injection 10 mg in 10 mL)	SZ
							a	Idarubicin Ebewe (Solution for I.V. injection 5 mg in 5 mL)	SZ
							a	Zavedos Solution (Solution for I.V. injection 10 mg in 10 mL)	PF
							a	Zavedos Solution (Solution for I.V. injection 5 mg in 5 mL)	PF
	MITOZANTRONE HYDROCHLORIDE								
7252Q	Injection	30 mg	5	-	285.93	35.40		Pfizer Australia Pty Ltd (Injection 10 mg (base) in 5 mL)	PF
							a	Hospira Pty Limited (Injection 20 mg (base) in 10 mL)	HH
							a	Mitozantrone Ebewe (Injection 20 mg (base) in 10 mL)	SZ
							a	Onkotrone (Injection 20 mg (base) in 10 mL)	BX
							a	Onkotrone (Injection 25 mg (base) in 12.5 mL)	BX
							a	Pfizer Australia Pty Ltd (Injection 20 mg (base) in 10 mL)	PF
							a	Pfizer Australia Pty Ltd (Injection 25 mg (base) in 12.5 mL)	PF

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	Other cytotoxic antibiotics								
	BLEOMYCIN SULFATE								
	Restricted Benefit								
	Germ cell neoplasms.								
	Restricted Benefit								
	Lymphoma.								
7235T	Injection	30000 i.u.	11	-	150.75	35.40	a	Bleo 15K (Powder for injection 15,000 i.u.)	WQ
	Other antineoplastic agents								
	Platinum compounds								
	CARBOPLATIN								
7222D	Injection	900 mg	5	-	157.95	35.40	a	Carboplatin Ebewe (Solution for I.V. injection 150 mg in 15 mL)	SZ
							a	Carboplatin Ebewe (Solution for I.V. injection 450 mg in 45 mL)	SZ
							a	Carboplatin Ebewe (Solution for I.V. injection 50 mg in 5 mL)	SZ
							a	Carboplatin Kabi (Solution for I.V. injection 450 mg in 45 mL)	PK
							a	Hospira Pty Limited (Solution for I.V. injection 150 mg in 15 mL)	HH
							a	Hospira Pty Limited (Solution for I.V. injection 450 mg in 45 mL)	HH
							a	Hospira Pty Limited (Solution for I.V. injection 50 mg in 5 mL)	HH
							a	Pfizer Australia Pty Ltd (Solution for I.V. injection 150 mg in 15 mL)	PF
							a	Pfizer Australia Pty Ltd (Solution for I.V. injection 450 mg in 45 mL)	PF
							a	Pfizer Australia Pty Ltd (Solution for I.V. injection 50 mg in 5 mL)	PF
	CISPLATIN								
7224F	Injection	220 mg	14	-	114.73	35.40		Pfizer Australia Pty Ltd (I.V. injection 10 mg in 10 mL)	PF
							a	Cisplatin Ebewe (I.V. injection 100 mg in 100 mL)	SZ
							a	Hospira Pty Limited (I.V. injection 100 mg in 100 mL)	HH
							a	Hospira Pty Limited (I.V. injection 50 mg in 50 mL)	HH
							a	Pfizer Australia Pty Ltd (I.V. injection 100 mg in 100 mL)	PF
							a	Pfizer Australia Pty Ltd (I.V. injection 50 mg in 50 mL)	PF

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	OXALIPLATIN								
	Authority Required (STREAMLINED)								
	3930								
	Adjuvant treatment of stage III (Dukes C) colon cancer following complete resection of the primary tumour used in combination with capecitabine.								
	Authority Required (STREAMLINED)								
	3939								
	Adjuvant treatment of stage III (Dukes C) colon cancer following complete resection of the primary tumour used in combination with 5-fluorouracil and folinic acid.								
	Authority Required (STREAMLINED)								
	3900								
	Metastatic colorectal cancer in a patient with a WHO performance status of 2 or less, to be used in combination with capecitabine.								
	Authority Required (STREAMLINED)								
	3901								
	Metastatic colorectal cancer in a patient with a WHO performance status of 2 or less, to be used in combination with 5-fluorouracil and folinic acid.								
	Note								
	Pharmaceutical benefits that have the form oxaliplatin powder for I.V. infusion 50 mg (after reconstitution) and pharmaceutical benefits that have the form oxaliplatin solution concentrate for I.V. infusion 50 mg are equivalent for the purposes of substitution.								
	Note								
	Pharmaceutical benefits that have the form oxaliplatin powder for I.V. infusion 100 mg (after reconstitution) and pharmaceutical benefits that have the form oxaliplatin solution concentrate for I.V. infusion 100 mg are equivalent for the purposes of substitution.								
	Note								
	Oxaliplatin is not PBS-subsidised for the treatment of patients with stage II (Dukes B) colon cancer. Oxaliplatin is not PBS-subsidised for the adjuvant treatment of patients with rectal cancer.								
7253R	Injection	300 mg	11	-	585.85	35.40	a	DBL Oxaliplatin Concentrate (Solution concentrate for I.V. infusion 100 mg in 20 mL)	HH
							a	DBL Oxaliplatin Concentrate (Solution concentrate for I.V. infusion 50 mg in 10 mL)	HH
							a	Eloxatin (Solution concentrate for I.V. infusion 100 mg in 20 mL)	SW
							a	Eloxatin (Solution concentrate for I.V. infusion 200 mg in 40 mL)	SW
							a	Eloxatin (Solution concentrate for I.V. infusion 50 mg in 10 mL)	SW
							a	Hospira Pty Limited (Powder for I.V. infusion 100 mg)	HH
							a	Hospira Pty Limited (Powder for I.V. infusion 50 mg)	HH
							a	Oxalatin (Powder for I.V. infusion 100 mg)	ZP
							a	Oxalatin (Powder for I.V. infusion 50 mg)	ZP
							a	Oxaliplatin Actavis (Powder for I.V. infusion 100 mg)	TA
							a	Oxaliplatin Actavis (Powder for I.V. infusion 50 mg)	TA
							a	Oxaliplatin Alphapharm (Powder for I.V. infusion 100 mg)	AF
							a	Oxaliplatin Alphapharm (Powder for I.V. infusion 50 mg)	AF
							a	Oxaliplatin Ebewe (Powder for I.V. infusion 100 mg)	SZ
							a	Oxaliplatin Ebewe (Powder for I.V. infusion 50 mg)	SZ
							a	Oxaliplatin Kabi (Solution concentrate for I.V. infusion 100 mg in 20 mL)	PK
							a	Oxaliplatin Kabi (Solution concentrate for I.V. infusion 50 mg in 10 mL)	PK
							a	Oxaliplatin Link (Powder for I.V. infusion 100 mg)	PK
							a	Oxaliplatin Link (Powder for I.V. infusion 50 mg)	PK
							a	Oxaliplatin SUN (Solution concentrate for I.V. infusion 100 mg in 20 mL)	ZF
							a	Oxaliplatin SUN (Solution concentrate for I.V. infusion 200 mg in 40 mL)	ZF
							a	Oxaliplatin SUN (Solution concentrate for I.V. infusion 50 mg in 10 mL)	ZF
							a	Winthrop Oxaliplatin (Powder for I.V. infusion 100	WA

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
							mg)	
						[a]	Xalox (Powder for I.V. infusion 100 mg)	WQ
						[a]	Xalox (Powder for I.V. infusion 50 mg)	WQ

Monoclonal antibodies

BEVACIZUMAB

Authority Required

Initial PBS-subsidised treatment, in combination with first-line chemotherapy, of a patient with previously untreated metastatic colorectal cancer with a WHO performance status of 0 or 1. The maximum dose that will be approved is 5 mg per kg every 2 weeks or 7.5 mg per kg every 3 weeks

Authority Required

Continuing PBS-subsidised treatment, in combination with first-line chemotherapy, of a patient with metastatic colorectal cancer who has previously been issued with an authority prescription for bevacizumab and who does not have progressive disease and who remains on first-line chemotherapy. The maximum dose that will be approved is 5 mg per kg every 2 weeks or 7.5 mg per kg every 3 weeks

Note

Special Pricing Arrangements apply.

Note

Not for use as monotherapy.

7243F	Injection	900 mg	11	-	3999.61	35.40	Avastin (Solution for I.V. infusion 100 mg in 4 mL)	RO
							Avastin (Solution for I.V. infusion 400 mg in 16 mL)	RO

CETUXIMAB

Authority Required

Initial treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx for the week prior to radiotherapy, where cisplatin is contraindicated according to the TGA-approved Product Information.

Authority Required

Initial treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx, in combination with radiotherapy, where cisplatin is not tolerated.

Note

No applications for repeats will be authorised.

7223E	Injection	880 mg	0	-	3210.29	35.40	Erbitux (Solution for I.V. infusion 100 mg in 20 mL)	SG
							Erbitux (Solution for I.V. infusion 500 mg in 100 mL)	SG

CETUXIMAB

Authority Required

Continuing treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx, in combination with radiotherapy, where cisplatin is either contraindicated or not tolerated.

Note

A maximum lifetime supply for this indication is limited to a maximum of 8 treatments per site and to 10 treatments per site for patients in whom radiotherapy is interrupted.

7240C	Injection	550 mg	5	-	2167.84	35.40	Erbitux (Solution for I.V. infusion 100 mg in 20 mL)	SG
							Erbitux (Solution for I.V. infusion 500 mg in 100 mL)	SG

CETUXIMAB

Authority Required

Initial PBS-subsidised treatment, as monotherapy or in combination with an irinotecan based therapy, of a patient with a WHO performance status of 2 or less and with K-RAS wild type metastatic colorectal cancer after failure of first-line chemotherapy.

Note

Cetuximab is not PBS-subsidised for use in combination with bevacizumab or oxaliplatin based therapies.

Note

Special Pricing Arrangements apply.

7242E	Injection	880 mg	0	-	3210.29	35.40	Erbitux (Solution for I.V. infusion 100 mg in 20 mL)	SG
							Erbitux (Solution for I.V. infusion 500 mg in 100 mL)	SG

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
	CETUXIMAB							
	Authority Required							
	Continuing PBS-subsidised treatment, as monotherapy or in combination with an irinotecan based therapy, of a patient with K-RAS wild type metastatic colorectal cancer who has previously been issued with an authority prescription for cetuximab and who does not have progressive disease.							
	Note							
	Cetuximab is not PBS-subsidised for use in combination with bevacizumab or oxaliplatin based therapies.							
	Note							
	Special Pricing Arrangements apply.							
7273T	Injection	550 mg	11	-	2167.84	35.40	Erbitux (Solution for I.V. infusion 100 mg in 20 mL)	SG
							Erbitux (Solution for I.V. infusion 500 mg in 100 mL)	SG
	RITUXIMAB							
	Authority Required							
	Relapsed or refractory low-grade B-cell non-Hodgkin's lymphoma.							
	Authority Required							
	Relapsed or refractory follicular B-cell non-Hodgkin's lymphoma.							
7257Y	Injection	800 mg	3	-	3758.15	35.40	Mabthera (Solution for I.V. infusion 100 mg in 10 mL)	RO
							Mabthera (Solution for I.V. infusion 500 mg in 50 mL)	RO
	RITUXIMAB							
	Authority Required							
	Treatment of previously untreated, CD20 positive, diffuse large B-cell non-Hodgkin's lymphoma, in combination with chemotherapy.							
	Authority Required							
	Treatment of symptomatic patients with previously untreated, CD20 positive, Stage III or IV, follicular, B-cell non-Hodgkin's lymphoma, in combination with chemotherapy.							
7258B	Injection	800 mg	7	-	3758.15	35.40	Mabthera (Solution for I.V. infusion 100 mg in 10 mL)	RO
							Mabthera (Solution for I.V. infusion 500 mg in 50 mL)	RO
	RITUXIMAB							
	Authority Required							
	CD20 positive, chronic lymphocytic leukaemia, in combination with fludarabine and cyclophosphamide.							
	Note							
	Rituximab is not PBS-subsidised for use as monotherapy.							
7259C	Injection	1100 mg	5	-	5108.05	35.40	Mabthera (Solution for I.V. infusion 100 mg in 10 mL)	RO
							Mabthera (Solution for I.V. infusion 500 mg in 50 mL)	RO

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
	TRASTUZUMAB							

Authority Required

Initial treatment (weekly regimen)
Initial treatment for HER2 positive early breast cancer commencing concurrently with adjuvant chemotherapy following surgery.

The total duration of PBS-subsidised treatment (initial plus continuing) that will be authorised is 52 weeks.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

Authority applications for initial treatment must be made in writing and must include:
(a) a completed authority prescription form; and
(b) a completed Early Breast Cancer - PBS Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes:
(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and
(ii) a copy of the signed patient acknowledgement form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].
For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 4 mg per kg.

Note

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

Written applications for authority to prescribe trastuzumab should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.

7264H	Injection	500 mg	0	-	3612.32	35.40	Herceptin (Powder for I.V. infusion 150 mg)	RO
							Herceptin (Powder for I.V. infusion 60 mg)	RO

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
	TRASTUZUMAB							
	Authority Required							
	Continuing treatment (weekly regimen)							
	Continuing treatment for HER2 positive early breast cancer where the patient has previously received treatment with PBS-subsidised trastuzumab.							
	The patient is eligible to receive sufficient trastuzumab to complete 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.							
	Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.							
	Authority applications for continuing treatment may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).							
	For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 2 mg per kg.							
	Breaks in therapy.							
	Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.							
	Authority applications for new loading doses may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).							
	Note							
	Any queries concerning the arrangements to prescribe trastuzumab may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).							
	Written applications for authority to prescribe trastuzumab should be forwarded to:							
	Medicare Australia Prior Written Approval of Specialised Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001							
	Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.							
7265J	Injection	250 mg	9	-	1965.54	35.40	Herceptin (Powder for I.V. infusion 150 mg)	RO
							Herceptin (Powder for I.V. infusion 60 mg)	RO

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	

TRASTUZUMAB

Authority Required

Initial treatment (3-weekly regimen)
Initial treatment for HER2 positive early breast cancer commencing concurrently with adjuvant chemotherapy following surgery.

The total duration of PBS-subsidised treatment (initial plus continuing) that will be authorised is 52 weeks.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

Authority applications for initial treatment must be made in writing and must include:
(a) a completed authority prescription form; and
(b) a completed Early Breast Cancer - PBS Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes:
(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and
(ii) a copy of the signed patient acknowledgement form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].
For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 8 mg per kg.

Note

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

Written applications for authority to prescribe trastuzumab should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.

7266K	Injection	1000 mg	0	-	7119.55	35.40	Herceptin (Powder for I.V. infusion 150 mg)	RO
							Herceptin (Powder for I.V. infusion 60 mg)	RO

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	

TRASTUZUMAB

Authority Required

Continuing treatment (3-weekly regimen)
Continuing treatment for HER2 positive early breast cancer where the patient has previously received treatment with PBS-subsidised trastuzumab.

The patient is eligible to receive sufficient trastuzumab to complete 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

Authority applications for continuing treatment may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
For a patient on the 3-weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 6 mg per kg.

Breaks in therapy.
Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.
Authority applications for new loading doses may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

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

Written applications for authority to prescribe trastuzumab should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.

7267L	Injection	750 mg	3	-	5264.98	35.40	Herceptin (Powder for I.V. infusion 150 mg)	RO
							Herceptin (Powder for I.V. infusion 60 mg)	RO

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	

Other antineoplastic agents

ARSENIC TRIOXIDE

Authority Required

Induction and consolidation treatment of relapsed acute promyelocytic leukaemia (characterised by the presence of the t(15:17) translocation or PML/RAR-alpha fusion gene transcript) in a patient who is arsenic naive at induction.

7241D	Injection	18 mg	89	-	908.89	35.40	Phenasen (Injection concentrate 10 mg in 10 mL)	PL

BORTEZOMIB

Authority Required

Initial treatment with PBS-subsidised bortezomib.

Initial PBS-subsidised treatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of a patient with a histological diagnosis of multiple myeloma who has progressive disease after at least 1 prior therapy and who has undergone or is ineligible for a primary stem cell transplant. The patient must have experienced treatment failure after a trial of at least four (4) weeks of thalidomide at a dose of at least 100 mg daily or have failed to achieve at least a minimal response after eight (8) or more weeks of thalidomide-based therapy for progressive disease.

If the dosing requirement for thalidomide cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Progressive disease is defined as at least 1 of the following:
(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase of the difference between involved free light chain and uninvolved free light chain; or
(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein and less than 200 mg per 24 hour Bence-Jones proteinuria.

Thalidomide treatment failure is defined as:
(1) confirmed disease progression during thalidomide treatment or within 6 months of discontinuing thalidomide treatment; or
(2) severe intolerance or toxicity unresponsive to clinically appropriate dose adjustment.
Severe intolerance due to thalidomide is defined as unacceptable somnolence or sedation interfering with activities of daily living.
Toxicity from thalidomide is defined as peripheral neuropathy (Grade 2 or greater, interfering with function), drug-related seizures, serious Grade 3 or Grade 4 drug-related dermatological reactions, such as Stevens-Johnson Syndrome, or other Grade 3 or 4 toxicity.
Any queries concerning additional details about treatment failure may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday.
Failure to achieve at least a minimal response after 8 or more weeks of thalidomide-based therapy for progressive disease is defined as:
(1) less than a 25% reduction in serum or urine M protein; or
(2) in oligo-secretory and non-secretory myeloma patients only, less than a 25% reduction in the difference between involved and uninvolved serum free light chain levels.

Bortezomib will only be subsidised for patients with multiple myeloma who are not receiving concomitant PBS-subsidised lenalidomide.
The authority application must be made in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Multiple Myeloma Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, prior treatments including name(s) of drug(s) and date of most recent treatment cycle and record of prior stem cell transplant or ineligibility for prior stem cell transplant; details of thalidomide treatment failure; details of the basis of the diagnosis of progressive disease or failure to respond; and nomination of which disease activity parameters will be used to assess response.
To enable confirmation by Medicare Australia, current diagnostic reports of at least one of the following are required:
(a) the level of serum monoclonal protein; or
(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
(c) the serum level of free kappa and lambda light chains; or
(d) bone marrow aspirate or trephine; or
(e) if present, the size and location of lytic bone lesions (not including compression fractures); or
(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients.
Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided.
Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (either previous or current serum M protein less than 10 g per L and urinary Bence-Jones protein undetectable or less than 200 mg per 24 hours) must be provided; and

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	(3) duration of thalidomide and daily dose prescribed; and (4) a signed patient acknowledgment.							
	Authority Required Continuing PBS-subsidised treatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of multiple myeloma in a patient who has previously received 4 treatment cycles of bortezomib and who, at the time of application, has demonstrated at least a partial response to bortezomib. If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as: (a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or (b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours. If serum M protein and urine Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as: (c) at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels. If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as: (d) at least a 50% reduction in bone marrow plasma cells; or (e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or (f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or (g) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L. For the purpose of assessing eligibility for continuing PBS-subsidised bortezomib treatment beyond 4 cycles, the patient must have achieved at least a partial response at the completion of cycle 4. The results of the response assessment must be included in a written application to Medicare Australia for further treatment. Where a response assessment is not submitted to Medicare Australia prior to cycle 5, patients will be deemed to have failed to respond to treatment with bortezomib. Continuing PBS-subsidised supply will not be approved if there is a gap of more than 6 months between the initial application and subsequent applications. The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment. The authority application must be made in writing and must include: (1) a completed authority prescription form; and (2) a completed Multiple Myeloma Authority Application - Supporting Information Form; and (3) diagnostic reports demonstrating the patient has achieved at least a partial response. Diagnostic reports must be no more than 1 month old at the time of application. Patients who fail to demonstrate at least a partial response after 8 cycles will not be eligible to receive further PBS-subsidised treatment with bortezomib. No more than 2 cycles of treatment beyond the cycle at which a confirmed complete response was first achieved will be authorised. Confirmation requires 2 determinations a minimum of 6 weeks apart. **Note** Special Pricing Arrangements apply. **Note** Any queries concerning the arrangements to prescribe bortezomib may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au. Applications for authority to prescribe bortezomib should be forwarded to: Medicare Australia Prior Written Approval of Specialised Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001							
7268M	Injection	3000 mcg	15	-	1875.92	35.40	Velcade (Powder for injection 3.5 mg)	JC

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	

BORTEZOMIB

Authority Required

Continuing PBS-subsidised treatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of multiple myeloma in a patient who has previously received 8 treatment cycles with bortezomib and who, at the time of application, has demonstrated at least a partial response to bortezomib but who has not received 2 treatment cycles after first achieving a confirmed complete response.

If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as:
(a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or
(b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein and urine Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as:
(c) the difference between involved and uninvolved serum free light chain (FLC) levels, with at least a 50% reduction in this value. If serum M protein and urine Bence-Jones protein levels and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as: (d) at least a 50% reduction in bone marrow plasma cells; or
(e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
(f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
(g) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment.
Diagnostic reports must be within 1 month of the date of application.
For the purpose of assessing eligibility for continuing PBS-subsidised bortezomib treatment beyond 8 cycles, the patient must have achieved at least a partial response at the completion of cycle 8. The results of the response assessment must be included in a written application to Medicare Australia for further treatment. Where a response assessment is not submitted to Medicare Australia prior to cycle 9, patients will be deemed to have failed to respond to treatment with bortezomib.
Continuing PBS-subsidised supply will not be approved if there is a gap of more than 10 months between the initial application and an application following completion of 8 treatment cycles.

The authority application must be made in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Multiple Myeloma Authority Application - Supporting Information Form; and
(3) diagnostic reports demonstrating the patient has achieved at least a partial response.
No more than 2 cycles of treatment beyond the cycle at which the complete response was first achieved will be authorised. Confirmation requires 2 determinations a minimum of 6 weeks apart.
Applications for PBS-subsidised treatment with bortezomib that extends beyond 11 cycles per treatment course will not be approved.

Note

Special Pricing Arrangements apply.

Note

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

Prescribing information (including Authority Application forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.

Applications for authority to prescribe bortezomib should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

7269N	Injection	3000 mcg	11	-	1875.92	35.40	Velcade (Powder for injection 3.5 mg)	JC

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer

BORTEZOMIB

Authority Required

Retreatment of a patient who has been previously treated with PBS-subsidised bortezomib.

Initial PBS-subsidised treatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of a patient with multiple myeloma who has progressive disease and who has been previously treated with PBS-subsidised bortezomib.
The patient must have experienced at least a partial response to the most recent course of PBS-subsidised bortezomib therapy.
Progressive disease is defined as at least 1 of the following:
(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase of the difference between involved free light chain and uninvolved free light chain; or
(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein and less than 200 mg per 24 hour Bence-Jones proteinuria.
If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to re-treatment with bortezomib) is defined as:
(a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or
(b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.
If serum M protein and Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as:
(c) the difference between involved and uninvolved serum free light chain (FLC) levels, with at least a 50% reduction in this value. If serum M protein and urine Bence-Jones protein levels and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as: (d) at least a 50% reduction in bone marrow plasma cells; or
(e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
(f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-scan); or
(g) normalization of corrected serum calcium to less than or equal to 2.65 mmol per L.

The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment.
Bortezomib will only be subsidised for patients with multiple myeloma who are not receiving concomitant PBS-subsidised lenalidomide.
The authority application must be made in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Multiple Myeloma Authority Application - Supporting Information Form which includes details of the basis of the current diagnosis of progressive disease and nomination of which disease activity parameters will be used to assess response; and
(3) diagnostic reports demonstrating the patient has achieved at least a partial response to the most recent course of PBS-subsidised bortezomib, if not previously provided to Medicare Australia.
To enable confirmation by Medicare Australia, current diagnostic reports of at least one of the following are required:
(a) the level of serum monoclonal protein; or
(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
(c) the serum level of free kappa and lambda light chains; or
(d) bone marrow aspirate or trephine; or
(e) if present, the size and location of lytic bone lesions (not including compression fractures); or
(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided.

Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (either previous or current serum M protein less than 10 g per L and urinary Bence-Jones protein undetectable or less than 200 mg per 24 hours) must be provided; and
(4) a signed patient acknowledgment.

Authority Required

Continuing retreatment of a patient who has been previously treated with PBS-subsidised bortezomib.

Continuing PBS-subsidised retreatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of multiple myeloma in a patient who has received 4 treatment cycles of bortezomib in the current treatment course and who, at the time of application, has demonstrated at least a partial response to bortezomib.

If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to treatment with

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	bortezomib) is defined as: (a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or (b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours. If serum M protein and urine Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as: (c) at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels. If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as: (d) at least a 50% reduction in bone marrow plasma cells; or (e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or (f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or (g) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L. For the purpose of assessing eligibility for continuing the current course of PBS-subsidised bortezomib treatment beyond 4 cycles, the patient must have achieved at least a partial response at the completion of cycle 4. The results of the response assessment must be included in a written application to Medicare Australia for further treatment. Where a response assessment is not submitted to Medicare Australia prior to cycle 5, patients will be deemed to have failed to respond to treatment with bortezomib. Continuing PBS-subsidised supply will not be approved if there is a gap of more than 6 months between the initial application and subsequent applications. The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment. The authority application must be made in writing and must include: (1) a completed authority prescription form; and (2) a completed Multiple Myeloma Authority Application - Supporting Information Form; and (3) diagnostic reports demonstrating the patient has achieved at least a partial response. Diagnostic reports must be no more than 1 month old at the time of application. Patients who fail to demonstrate at least a partial response after 8 cycles will not be eligible to receive further PBS-subsidised treatment with bortezomib. No more than 2 cycles of treatment beyond the cycle at which a confirmed complete response was first achieved will be authorised. Confirmation requires 2 determinations a minimum of 6 weeks apart. **Note** Special Pricing Arrangements apply. **Note** Any queries concerning the arrangements to prescribe bortezomib may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Prescribing information (including Authority Application forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au. Applications for authority to prescribe bortezomib should be forwarded to: Medicare Australia Prior Written Approval of Specialised Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001							
7271Q	Injection	3000 mcg	15	-	1875.92	35.40	Velcade (Powder for injection 3.5 mg)	JC

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	

BORTEZOMIB

Authority Required

Continuing retreatment of a patient who has been previously treated with PBS-subsidised bortezomib.

Continuing PBS-subsidised retreatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of multiple myeloma in a patient who has received 8 treatment cycles with bortezomib in the current treatment course and who, at the time of application, has demonstrated at least a partial response to bortezomib but who has not received 2 treatment cycles after first achieving a confirmed complete response.

If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as:
(a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or
(b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours. If serum M protein and urine Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as:
(c) the difference between involved and uninvolved serum free light chain (FLC) levels, with at least a 50% reduction in this value.
If serum M protein and urine Bence-Jones protein levels and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as: (d) at least a 50% reduction in bone marrow plasma cells; or
(e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
(f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
(g) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment. Diagnostic reports must be within 1 month of the date of application.

For the purpose of assessing eligibility for continuing PBS-subsidised bortezomib treatment beyond 8 cycles, the patient must have achieved at least a partial response at the completion of cycle 8. The results of the response assessment must be included in a written application to Medicare Australia for further treatment. Where a response assessment is not submitted to Medicare Australia prior to cycle 9, patients will be deemed to have failed to respond to treatment with bortezomib.

Continuing PBS-subsidised supply will not be approved if there is a gap of more than 10 months between the initial application and an application following completion of 8 treatment cycles.
The authority application must be made in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Multiple Myeloma Authority Application - Supporting Information Form; and
(3) diagnostic reports demonstrating the patient has achieved at least a partial response.
No more than 2 cycles of treatment beyond the cycle at which the complete response was first achieved will be authorised. Confirmation requires 2 determinations a minimum of 6 weeks apart.
Applications for PBS-subsidised treatment with bortezomib that extends beyond 11 cycles per treatment course will not be approved.

Note

Special Pricing Arrangements apply.

Note

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

Prescribing information (including Authority Application forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.

Applications for authority to prescribe bortezomib should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

7272R	Injection	3000 mcg	11	-	1875.92	35.40		Velcade (Powder for injection 3.5 mg)	JC

IRINOTECAN HYDROCHLORIDE TRIHYDRATE

Authority Required (STREAMLINED)

3184

Metastatic colorectal cancer in patients with a WHO performance status of 2 or less.

Note

In first-line usage, effectiveness and tolerance may be improved when irinotecan is combined with an infusional 5-fluorouracil regimen.

7249M	Injection	800 mg	11	-	395.05	35.40	[a]	Camptosar (I.V. injection 100 mg in 5 mL)	PF
							[a]	Camptosar (I.V. injection 300 mg in 15 mL)	PF

Chemotherapy Items for Private Hospital/Private Clinic use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
						[a]	Camptosar (I.V. injection 40 mg in 2 mL)	PF
						[a]	Hospira Pty Limited (I.V. injection 100 mg in 5 mL)	HH
						[a]	Hospira Pty Limited (I.V. injection 40 mg in 2 mL)	HH
						[a]	Hospira Pty Limited (I.V. injection 500 mg in 25 mL)	HH
						[a]	Irinotecan Actavis (I.V. injection 100 mg in 5 mL)	TA
						[a]	Irinotecan Actavis (I.V. injection 40 mg in 2 mL)	TA
						[a]	Irinotecan Actavis 500 (I.V. injection 500 mg in 25 mL)	TA
						[a]	Irinotecan Alphapharm (I.V. injection 100 mg in 5 mL)	AF
						[a]	Irinotecan Alphapharm (I.V. injection 40 mg in 2 mL)	AF
						[a]	Irinotecan Ebewe (I.V. injection 100 mg in 5 mL)	SZ
						[a]	Irinotecan Ebewe (I.V. injection 300 mg in 15 mL)	SZ
						[a]	Irinotecan Ebewe (I.V. injection 40 mg in 2 mL)	SZ
						[a]	Irinotecan Ebewe (I.V. injection 500 mg in 25 mL)	SZ
						[a]	Irinotecan Kabi (I.V. injection 100 mg in 5 mL)	PK
						[a]	Irinotecan Kabi (I.V. injection 40 mg in 2 mL)	PK
						[a]	Omegapharm Irinotecan (I.V. injection 100 mg in 5 mL)	OE
						[a]	Omegapharm Irinotecan (I.V. injection 40 mg in 2 mL)	OE
						[a]	Tecan (I.V. injection 100 mg in 5 mL)	WQ
						[a]	Tecan (I.V. injection 40 mg in 2 mL)	WQ
						[a]	Tecan (I.V. injection 500 mg in 25 mL)	WQ
	TOPOTECAN HYDROCHLORIDE							
	Authority Required (STREAMLINED)							
	3186							
	Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound.							
7260D	Injection	3500 mcg	17	-	489.17	35.40	Hycamtin (Powder for I.V. infusion 4 mg (base))	GK

CHEMOTHERAPY ITEMS FOR PUBLIC HOSPITAL USE

Special Pharmaceutical Benefits for Public Hospital use

The special patient contribution is payable by all patients in addition to the relevant patient contribution for concessional and general patients. Other than for bleomycin sulfate, exemptions on medical grounds are available. For eligible veterans under RPBS provisions, see RPBS EXPLANATORY NOTES, paragraph 28, in the Schedule of Pharmaceutical Benefits.

Antineoplastic and immunomodulating agents

Antineoplastic agents

Cytotoxic antibiotics and related substances

Other cytotoxic antibiotics

BLEOMYCIN SULFATE

Restricted Benefit

Germ cell neoplasms.

Restricted Benefit

Lymphoma.

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Proposed Dispensed Price for Max. Amount	Total Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
4433H	Injection	30000 i.u.	11	[S]61.78	108.70	170.48	35.40	[a]	Hospira Pty Limited (Powder for injection 15,000 i.u.)	HH

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	

Antineoplastic and immunomodulating agents

Antineoplastic agents

Alkylating agents

Nitrogen mustard analogues

CYCLOPHOSPHAMIDE

4327R	Injection	2800 mg	17	-	103.63	35.40		Endoxan (Powder for injection 1 g)	BX
								Endoxan (Powder for injection 2 g)	BX
								Endoxan (Powder for injection 500 mg)	BX

IFOSFAMIDE

Restricted Benefit

Relapsed or refractory germ cell tumours following first-line chemotherapy.

Restricted Benefit

Relapsed or refractory sarcomas following first-line chemotherapy.

4448D	Injection	4000 mg	19	-	276.60	35.40		Holoxan (Powder for I.V. injection 1 g)	BX
								Holoxan (Powder for I.V. injection 2 g)	BX

Nitrosoureas

FOTEMUSTINE

Authority Required (STREAMLINED)

3181

Metastatic malignant melanoma.

4437M	Injection	220 mg	8	-	2208.66	35.40		Muphoran (Powder for injection 208 mg with solvent)	SE

Antimetabolites

Folic acid analogues

METHOTREXATE

4502Y	Injection	250 mg	5	-	58.80	35.40		Hospira Pty Limited (Injection 5 mg in 2 mL)	HH
								Hospira Pty Limited (Solution concentrate for I.V. infusion 500 mg in 20 mL)	HH
								Methotrexate Ebewe (Solution concentrate for I.V. infusion 5000 mg in 50 mL)	SZ
							[a]	Hospira Pty Limited (Injection 50 mg in 2 mL)	HH
							[a]	Hospira Pty Limited (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	HH
							[a]	Methaccord (Injection 50 mg in 2 mL)	WQ
							[a]	Methaccord (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	WQ
							[a]	Methotrexate Ebewe (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	SZ
							[a]	Pfizer Australia Pty Ltd (Injection 50 mg in 2 mL)	PF

METHOTREXATE

Restricted Benefit

Patients receiving treatment with a high dose regimen.

4512L	Injection	20000 mg	0	-	1543.60	35.40		Hospira Pty Limited (Injection 5 mg in 2 mL)	HH
								Hospira Pty Limited (Solution concentrate for I.V. infusion 500 mg in 20 mL)	HH
								Methotrexate Ebewe (Solution concentrate for I.V. infusion 5000 mg in 50 mL)	SZ
							[a]	Hospira Pty Limited (Injection 50 mg in 2 mL)	HH
							[a]	Hospira Pty Limited (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	HH
							[a]	Methaccord (Injection 50 mg in 2 mL)	WQ
							[a]	Methaccord (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	WQ

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
							[a] Methotrexate Ebewe (Solution concentrate for I.V. infusion 1000 mg in 10 mL)	SZ
							[a] Pfizer Australia Pty Ltd (Injection 50 mg in 2 mL)	PF
	PEMETREXED DISODIUM **Authority Required (STREAMLINED)** ***3885*** Locally advanced or metastatic non-small cell lung cancer, after prior platinum-based chemotherapy. Doses greater than 500 mg per metre squared body surface area (BSA) are not PBS-subsidised. The patient's BSA must be documented in the patient's medical records at the time the treatment cycle is initiated.							
	Authority Required (STREAMLINED) ***3886*** Mesothelioma in combination with cisplatin. Doses greater than 500 mg per metre squared body surface area (BSA) are not PBS-subsidised. The patient's BSA must be documented in the patient's medical records at the time the treatment cycle is initiated.							
4600D	Injection	1100 mg	5	-	3471.67	35.40	Alimta (Powder for I.V. infusion 100 mg (base))	LY
							Alimta (Powder for I.V. infusion 500 mg (base))	LY
	RALTITREXED **Authority Required (STREAMLINED)** ***3185*** For use as a single agent in the treatment of advanced colorectal cancer.							
4610P	Injection	7 mg	8	-	1053.36	35.40	Tomudex (Powder for I.V. infusion 2 mg)	HH
	Purine analogues							
	CLADRIBINE **Authority Required (STREAMLINED)** ***3180*** Hairy cell leukaemia.							
4326Q	Injection	17 mg	6	-	1320.92	35.40	Leustatin (Solution for I.V. infusion 10 mg in 10 mL)	JC
							Litak (Injection 10 mg in 5 mL)	OA
	FLUDARABINE PHOSPHATE **Authority Required (STREAMLINED)** ***3887*** B-cell chronic lymphocytic leukaemia in combination with cyclophosphamide where the patient has advanced disease (Binet Stage B or C) or evidence of progressive Stage A disease. Stage A progressive disease is defined by at least one of the following: persistent rise in lymphocyte count with doubling time less than 12 months; a downward trend in haemoglobin or platelets, or both; more than 50% increase in the size of liver, spleen, or lymph nodes, or appearance of these signs if not previously present; constitutional symptoms attributable to disease. The diagnosis of chronic lymphocytic leukaemia (CLL) must have been established based on: (a) a lymphocytosis, with more than 5000 million lymphocytes per L in the peripheral blood; and (b) a clonal population of B-cells (CD5/CD19) documented by flow cytometry. **Note** Pharmaceutical benefits that have the form fludarabine phosphate powder for I.V. injection 50 mg (after reconstitution) and pharmaceutical benefits that have the form fludarabine phosphate solution for I.V. injection 50 mg are equivalent for the purposes of substitution.							
4393F	Injection	55 mg	29	-	588.48	35.40	[a] Farine (Powder for I.V. injection 50 mg)	WQ
							[a] Fludara (Powder for I.V. injection 50 mg)	GZ
							[a] Fludarabine Actavis (Powder for I.V. injection 50 mg)	TA
							[a] Fludarabine Ebewe (Solution for I.V. injection 50 mg in 2 mL)	SZ

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	Pyrimidine analogues								
	CYTARABINE								
4357H	Injection	7000 mg	15	-	746.30	35.40		Pfizer Australia Pty Ltd (Injection 100 mg in 5 mL)	PF
	FLUOROURACIL								
	Restricted Benefit								
	For patients requiring administration of fluorouracil by intravenous infusion.								
4394G	Injection	5500 mg	11	-	78.17	35.40		Fluorouracil Ebewe (Injection 5000 mg in 100 mL)	SZ
							a	DBL Fluorouracil Injection BP (Injection 1000 mg in 20 mL)	HH
							a	DBL Fluorouracil Injection BP (Injection 2500 mg in 50 mL)	HH
							a	Fluorouracil Ebewe (Injection 1000 mg in 20 mL)	SZ
							a	Fluorouracil Ebewe (Injection 2500 mg in 50 mL)	SZ
							a	Fluorouracil Ebewe (Injection 500 mg in 10 mL)	SZ
							a	Hospira Pty Limited (Injection 500 mg in 10 mL)	HH
	FLUOROURACIL								
	Restricted Benefit								
	For patients requiring administration of fluorouracil by intravenous injection.								
4431F	Injection	1000 mg	23	-	46.94	35.40		Fluorouracil Ebewe (Injection 5000 mg in 100 mL)	SZ
							a	DBL Fluorouracil Injection BP (Injection 1000 mg in 20 mL)	HH
							a	DBL Fluorouracil Injection BP (Injection 2500 mg in 50 mL)	HH
							a	Fluorouracil Ebewe (Injection 1000 mg in 20 mL)	SZ
							a	Fluorouracil Ebewe (Injection 2500 mg in 50 mL)	SZ
							a	Fluorouracil Ebewe (Injection 500 mg in 10 mL)	SZ
							a	Hospira Pty Limited (Injection 500 mg in 10 mL)	HH
	GEMCITABINE								
	Caution								
	Pharmaceutical benefits containing gemcitabine may have different concentrations.								
	Note								
	Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 200 mg (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 5 mL, gemcitabine solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 20 mL and gemcitabine solution for injection 200 mg (as hydrochloride) in 5.3 mL are equivalent for the purposes of substitution.								
	Note								
	Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 1 g (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 1 g (as hydrochloride) in 25 mL, gemcitabine solution concentrate for I.V. infusion 1000 mg (as hydrochloride) in 100 mL and gemcitabine solution for injection 1 g (as hydrochloride) in 26.3 mL are equivalent for the purposes of substitution.								
	Note								
	Pharmaceutical benefits that have the forms gemcitabine powder for I.V. infusion 2 g (as hydrochloride) (after reconstitution), gemcitabine solution concentrate for I.V. infusion 2 g (as hydrochloride) in 50 mL and gemcitabine solution for injection 2 g (as hydrochloride) in 52.6 mL are equivalent for the purposes of substitution.								
4439P	Injection	3000 mg	17	-	222.43	35.40		Gemcitabine Ebewe (Solution concentrate for I.V. infusion 500 mg (as hydrochloride) in 50 mL)	SZ
							a	DBL Gemcitabine Injection (Solution for injection 1 g (as hydrochloride) in 26.3 mL)	HH
							a	DBL Gemcitabine Injection (Solution for injection 2 g (as hydrochloride) in 52.6 mL)	HH
							a	DBL Gemcitabine Injection (Solution for injection 200 mg (as hydrochloride) in 5.3 mL)	HH
							a	DBL Gemcitabine for Injection (Powder for I.V. infusion 1 g (as hydrochloride))	HH
							a	DBL Gemcitabine for Injection (Powder for I.V. infusion 2 g (as hydrochloride))	HH
							a	DBL Gemcitabine for Injection (Powder for I.V. infusion 200 mg (as hydrochloride))	HH

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
							a	Gemcitabine Actavis (Powder for I.V. infusion 1 g (as hydrochloride))	TA
							a	Gemcitabine Actavis (Powder for I.V. infusion 200 mg (as hydrochloride))	TA
							a	Gemcitabine Ebewe (Powder for I.V. infusion 1 g (as hydrochloride))	SZ
							a	Gemcitabine Ebewe (Powder for I.V. infusion 200 mg (as hydrochloride))	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 1 g (as hydrochloride) in 25 mL)	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 1000 mg (as hydrochloride) in 100 mL)	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 2 g (as hydrochloride) in 50 mL)	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 20 mL)	SZ
							a	Gemcitabine Ebewe (Solution concentrate for I.V. infusion 200 mg (as hydrochloride) in 5 mL)	SZ
							a	Gemcitabine Kabi (Powder for I.V. infusion 1 g (as hydrochloride))	PK
							a	Gemcitabine Kabi (Powder for I.V. infusion 2 g (as hydrochloride))	PK
							a	Gemcitabine Kabi (Powder for I.V. infusion 200 mg (as hydrochloride))	PK
							a	Gemcitabine Sun (Powder for I.V. infusion 1 g (as hydrochloride))	ZF
							a	Gemcitabine Sun (Powder for I.V. infusion 200 mg (as hydrochloride))	ZF
							a	Gemcite (Powder for I.V. infusion 1 g (as hydrochloride))	ZP
							a	Gemcite (Powder for I.V. infusion 200 mg (as hydrochloride))	ZP
							a	Gemplan (Powder for I.V. infusion 1 g (as hydrochloride))	WQ
							a	Gemplan (Powder for I.V. infusion 200 mg (as hydrochloride))	WQ
							a	Gemzar (Powder for I.V. infusion 1 g (as hydrochloride))	LY
							a	Gemzar (Powder for I.V. infusion 200 mg (as hydrochloride))	LY

Plant alkaloids and other natural products

Vinca alkaloids and analogues

VINBLASTINE SULFATE

4618C	Injection	20 mg	17	-	95.24	35.40		Hospira Pty Limited (Solution for I.V. injection 10 mg in 10 mL)	HH

VINCRISTINE SULFATE

4619D	Injection	2 mg	7	-	64.66	35.40	a	Hospira Pty Limited (I.V. injection 1 mg in 1 mL)	HH
							a	Pfizer Australia Pty Ltd (I.V. injection 1 mg in 1 mL)	PF

VINORELBINE

Authority Required (STREAMLINED)

3890

Locally advanced or metastatic non-small cell lung cancer.

Authority Required (STREAMLINED)

3907

Advanced breast cancer after failure of prior therapy which includes an anthracycline.

4620E	Injection	70 mg	7	-	178.14	35.40	a	Hospira Pty Limited (Solution for I.V. infusion 10 mg (as tartrate) in 1 mL)	HH
							a	Hospira Pty Limited (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL)	HH
							a	Navelbine (Solution for I.V. infusion 10 mg (as tartrate) in 1 mL)	FB
							a	Navelbine (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL)	FB

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
							[a] Vinorelbine Ebewe (Solution for I.V. infusion 10 mg (as tartrate) in 1 mL)	SZ
							[a] Vinorelbine Ebewe (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL)	SZ
							[a] Vinorelbine Kabi (Solution for I.V. infusion 50 mg (as tartrate) in 5 mL)	PK

Podophyllotoxin derivatives

ETOPOSIDE

4428C	Injection	440 mg	14	-	172.80	35.40	Etopophos (Powder for I.V. infusion 1 g (as phosphate))	BQ
							Etopophos (Powder for I.V. infusion 100 mg (as phosphate))	BQ
							[a] Etoposide Ebewe (Solution for I.V. infusion 100 mg in 5 mL)	SZ
							[a] Hospira Pty Limited (Solution for I.V. infusion 100 mg in 5 mL)	HH

Taxanes

DOCETAXEL

Caution

Pharmaceutical benefits containing docetaxel may have different concentrations.

Authority Required (STREAMLINED)

3916

Adjuvant treatment of node-positive breast cancer in combination with an anthracycline and cyclophosphamide.

Note

Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL, docetaxel solution concentrate for I.V. infusion 20 mg in 2 mL and docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution.

Note

Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL, docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL and docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.

5581R	Injection	250 mg	5	-	3783.04	35.40	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 160 mg in 16 mL)	HH
							Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							[a] DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HH
							[a] DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HH
							[a] Docetaxel Ebewe (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HX
							[a] Docetaxel Ebewe (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HX
							[a] Docetaxel Sandoz (Solution concentrate for I.V. infusion 20 mg in 2 mL)	SZ
							[a] Docetaxel Sandoz (Solution concentrate for I.V. infusion 80 mg in 8 mL)	SZ
							[a] Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							[a] Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	DOCETAXEL **Caution** Pharmaceutical benefits containing docetaxel may have different concentrations. **Authority Required (STREAMLINED)** ***3956*** Treatment of HER2 positive breast cancer in combination with trastuzumab. **Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL, docetaxel solution concentrate for I.V. infusion 20 mg in 2 mL and docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution. **Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL, docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL and docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.								
5582T	Injection	250 mg	5	-	3783.04	35.40		DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 160 mg in 16 mL)	HH
								Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HH
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HH
							a	Docetaxel Sandoz (Solution concentrate for I.V. infusion 20 mg in 2 mL)	SZ
							a	Docetaxel Sandoz (Solution concentrate for I.V. infusion 80 mg in 8 mL)	SZ
							a	Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							a	Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							a	Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							a	Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							a	Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							a	Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW
	DOCETAXEL **Caution** Pharmaceutical benefits containing docetaxel may have different concentrations. **Authority Required (STREAMLINED)** ***3888*** Neoadjuvant treatment of a patient with a WHO performance status of 1 or less, with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx, in combination with cisplatin and fluorouracil. **Note** The carcinoma can be considered inoperable for technical or organ preservation reasons. **Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL, docetaxel solution concentrate for I.V. infusion 20 mg in 2 mL and docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution. **Note** Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL, docetaxel solution concentrate for I.V. infusion 80 mg in 8 mL and docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.								
5583W	Injection	250 mg	5	-	3783.04	35.40		DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 160 mg in 16 mL)	HH
								Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HH
							a	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HH

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
							[a] Docetaxel Ebewe (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HX
							[a] Docetaxel Ebewe (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HX
							[a] Docetaxel Sandoz (Solution concentrate for I.V. infusion 20 mg in 2 mL)	SZ
							[a] Docetaxel Sandoz (Solution concentrate for I.V. infusion 80 mg in 8 mL)	SZ
							[a] Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							[a] Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW

DOCETAXEL

Caution

Pharmaceutical benefits containing docetaxel may have different concentrations.

Authority Required (STREAMLINED)

3892

Adjuvant treatment of operable breast cancer in combination with cyclophosphamide.

Note

A maximum of four cycles of treatment will be authorised under this restriction.

Note

Pharmaceutical benefits that have the form docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL and pharmaceutical benefits that have the form docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution.

Note

Pharmaceutical benefits that have the form docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL and pharmaceutical benefits that have the form docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.

5584X	Injection	250 mg	5	-	3783.04	35.40	Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							[a] Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							[a] Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
	DOCETAXEL							
	Caution							
	Pharmaceutical benefits containing docetaxel may have different concentrations.							
	Authority Required (STREAMLINED)							
	3890							
	Locally advanced or metastatic non-small cell lung cancer.							
	Authority Required (STREAMLINED)							
	3186							
	Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound.							
	Authority Required (STREAMLINED)							
	3884							
	Treatment of androgen independent (hormone refractory) metastatic carcinoma of the prostate in a patient with a Karnofsky performance-status score of at least 60%. Docetaxel must be used as first-line chemotherapy and administered in three weekly cycles.							
	Authority Required (STREAMLINED)							
	3955							
	Metastatic breast cancer.							
	Note							
	A maximum of 10 cycles of treatment with docetaxel will be authorised under this restriction.							
	Note							
	Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 20 mg in 1 mL and 20 mg in 2 mL, docetaxel concentrate for I.V. infusion 20 mg (after reconstitution) and docetaxel powder for I.V. infusion 20 mg (after reconstitution) are equivalent for the purposes of substitution.							
	Note							
	Pharmaceutical benefits that have the forms docetaxel solution concentrate for I.V. infusion 80 mg in 4 mL and 80 mg in 8 mL, docetaxel concentrate for I.V. infusion 80 mg (after reconstitution) and docetaxel powder for I.V. infusion 80 mg (after reconstitution) are equivalent for the purposes of substitution.							
5585Y	Injection	250 mg	5	-	3783.04	35.40	DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 160 mg in 16 mL)	HH
							Oncotaxel 140 (Solution concentrate for I.V. infusion 140 mg in 7 mL)	TA
							[a] DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HH
							[a] DBL Docetaxel Concentrated Injection (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HH
							[a] Docetaxel Ebewe (Solution concentrate for I.V. infusion 20 mg in 2 mL)	HX
							[a] Docetaxel Ebewe (Solution concentrate for I.V. infusion 80 mg in 8 mL)	HX
							[a] Docetaxel SUN (Powder for I.V. infusion 20 mg with solvent)	ZF
							[a] Docetaxel SUN (Powder for I.V. infusion 80 mg with solvent)	ZF
							[a] Docetaxel Sandoz (Solution concentrate for I.V. infusion 20 mg in 2 mL)	SZ
							[a] Docetaxel Sandoz (Solution concentrate for I.V. infusion 80 mg in 8 mL)	SZ
							[a] Oncotaxel 20 (Solution concentrate for I.V. infusion 20 mg in 1 mL)	TA
							[a] Oncotaxel 80 (Solution concentrate for I.V. infusion 80 mg in 4 mL)	TA
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 20 mg (anhydrous) in 0.5 mL with solvent)	SW
							[a] Taxotere (Injection set containing 1 single use vial concentrate for I.V. infusion 80 mg (anhydrous) in 2 mL with solvent)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 20 mg in 1 mL)	SW
							[a] Taxotere (Solution concentrate for I.V. infusion 80 mg in 4 mL)	SW

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	NAB PACLITAXEL **Authority Required (STREAMLINED)** ***3955*** Metastatic breast cancer. **Authority Required (STREAMLINED)** ***3956*** Treatment of HER2 positive breast cancer in combination with trastuzumab.								
4531L	Injection	580 mg	5	-	2448.88	35.40		Abraxane (Powder for I.V. injection 100 mg (base))	TS
	PACLITAXEL **Authority Required (STREAMLINED)** ***3890*** Locally advanced or metastatic non-small cell lung cancer. **Authority Required (STREAMLINED)** ***3902*** Primary treatment of ovarian cancer in combination with a platinum compound. **Authority Required (STREAMLINED)** ***3186*** Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound. **Authority Required (STREAMLINED)** ***3917*** Adjuvant treatment of node-positive breast cancer administered sequentially to an anthracycline and cyclophosphamide. **Authority Required (STREAMLINED)** ***3956*** Treatment of HER2 positive breast cancer in combination with trastuzumab. **Authority Required (STREAMLINED)** ***3955*** Metastatic breast cancer.								
4567J	Injection	450 mg	3	-	1178.56	35.40	a	Anzatax (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	HH
							a	Anzatax (Solution concentrate for I.V. infusion 150 mg in 25 mL)	HH
							a	Anzatax (Solution concentrate for I.V. infusion 30 mg in 5 mL)	HH
							a	Anzatax (Solution concentrate for I.V. infusion 300 mg in 50 mL)	HH
							a	Paclitaxel Actavis (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	TA
							a	Paclitaxel Actavis (Solution concentrate for I.V. infusion 150 mg in 25 mL)	TA
							a	Paclitaxel Actavis (Solution concentrate for I.V. infusion 30 mg in 5 mL)	TA
							a	Paclitaxel Actavis (Solution concentrate for I.V. infusion 300 mg in 50 mL)	TA
							a	Paclitaxel Ebewe (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	SZ
							a	Paclitaxel Ebewe (Solution concentrate for I.V. infusion 150 mg in 25 mL)	SZ
							a	Paclitaxel Ebewe (Solution concentrate for I.V. infusion 30 mg in 5 mL)	SZ
							a	Paclitaxel Ebewe (Solution concentrate for I.V. infusion 300 mg in 50 mL)	SZ
							a	Paclitaxel Kabi (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	PK
							a	Paclitaxel Kabi (Solution concentrate for I.V. infusion 30 mg in 5 mL)	PK
							a	Paclitaxel Kabi (Solution concentrate for I.V. infusion 300 mg in 50 mL)	PK
							a	Paclitaxel Pfizer (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	PF
							a	Paclitaxel Pfizer (Solution concentrate for I.V. infusion 30 mg in 5 mL)	PF
							a	Paclitaxel Pfizer (Solution concentrate for I.V. infusion	PF

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
								300 mg in 50 mL)	
							a	Plaxel (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	WQ
							a	Plaxel (Solution concentrate for I.V. infusion 150 mg in 25 mL)	WQ
							a	Plaxel (Solution concentrate for I.V. infusion 30 mg in 5 mL)	WQ
							a	Plaxel (Solution concentrate for I.V. infusion 300 mg in 50 mL)	WQ
							a	Taxol (Solution concentrate for I.V. infusion 100 mg in 16.7 mL)	BQ
							a	Taxol (Solution concentrate for I.V. infusion 30 mg in 5 mL)	BQ
							a	Taxol (Solution concentrate for I.V. infusion 300 mg in 50 mL)	BQ

Cytotoxic antibiotics and related substances

Anthracyclines and related substances

DOXORUBICIN HYDROCHLORIDE

4361M	Injection/intravesical	135 mg	11	-	122.74	35.40		Adriamycin Solution (Solution for I.V. injection or intravesical administration 20 mg in 10 mL)	PF
								Doxorubicin Ebewe (Solution for I.V. injection or intravesical administration 100 mg in 50 mL)	SZ
							a	Accord Doxorubicin (Solution for I.V. injection or intravesical administration 10 mg in 5 mL)	WQ
							a	Accord Doxorubicin (Solution for I.V. injection or intravesical administration 200 mg in 100 mL)	WQ
							a	Adriamycin (Solution for I.V. injection or intravesical administration 200 mg in 100 mL)	PF
							a	Adriamycin Solution (Solution for I.V. injection or intravesical administration 10 mg in 5 mL)	PF
							a	Adriamycin Solution (Solution for I.V. injection or intravesical administration 50 mg in 25 mL)	PF
							a	Doxorubicin Ebewe (Solution for I.V. injection or intravesical administration 10 mg in 5 mL)	SZ
							a	Doxorubicin Ebewe (Solution for I.V. injection or intravesical administration 200 mg in 100 mL)	SZ
							a	Doxorubicin Ebewe (Solution for I.V. injection or intravesical administration 50 mg in 25 mL)	SZ
							a	Hospira Pty Limited (Solution for I.V. injection or intravesical administration 10 mg in 5 mL)	HH
							a	Hospira Pty Limited (Solution for I.V. injection or intravesical administration 50 mg in 25 mL)	HH

DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL

Authority Required (STREAMLINED)

3905

Advanced epithelial ovarian cancer in women who have failed a first-line platinum-based chemotherapy regimen.

Authority Required (STREAMLINED)

3910

Metastatic breast cancer, as monotherapy, after failure of prior therapy which includes capecitabine and a taxane.

Authority Required (STREAMLINED)

3911

Metastatic breast cancer, as monotherapy, where therapy with capecitabine and/or a taxane is contraindicated.

4360L	Injection	100 mg	5	-	3154.95	35.40		Caelyx (Suspension for I.V. infusion 20 mg in 10 mL)	JC
4364Q	Injection	100 mg	5	-	3006.60	35.40		Caelyx (Suspension for I.V. infusion 20 mg in 10 mL)	JC
								Caelyx (Suspension for I.V. infusion 50 mg in 25 mL)	JC

EPIRUBICIN HYDROCHLORIDE

4375G	Injection/intravesical	220 mg	5	-	201.45	35.40	a	DBL Epirubicin Hydrochloride Injection (Solution for injection 200 mg in 100 mL)	HH
							a	Epiccord (Solution for injection 10 mg in 5 mL)	WQ
							a	Epiccord (Solution for injection 20 mg in 10 mL)	WQ
							a	Epiccord (Solution for injection 200 mg in 100 mL)	WQ

Chemotherapy Items for Public Hospital use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
							[a] Epiccord (Solution for injection 50 mg in 25 mL)	WQ
							[a] Epirubicin Actavis 10 (Solution for injection 10 mg in 5 mL)	TA
							[a] Epirubicin Actavis 100 (Solution for injection 100 mg in 50 mL)	TA
							[a] Epirubicin Actavis 20 (Solution for injection 20 mg in 10 mL)	TA
							[a] Epirubicin Actavis 200 (Solution for injection 200 mg in 100 mL)	TA
							[a] Epirubicin Actavis 50 (Solution for injection 50 mg in 25 mL)	TA
							[a] Epirubicin Ebewe (Solution for injection 10 mg in 5 mL)	SZ
							[a] Epirubicin Ebewe (Solution for injection 100 mg in 50 mL)	SZ
							[a] Epirubicin Ebewe (Solution for injection 200 mg in 100 mL)	SZ
							[a] Epirubicin Ebewe (Solution for injection 50 mg in 25 mL)	SZ
							[a] Epirubicin Kabi (Solution for injection 200 mg in 100 mL)	PK
							[a] Epirubicin Kabi (Solution for injection 50 mg in 25 mL)	PK
							[a] Hospira Pty Limited (Solution for injection 100 mg in 50 mL)	HH
							[a] Hospira Pty Limited (Solution for injection 50 mg in 25 mL)	HH
							[a] Pharmorubicin Solution (Solution for injection 10 mg in 5 mL)	PF
							[a] Pharmorubicin Solution (Solution for injection 20 mg in 10 mL)	PF
							[a] Pharmorubicin Solution (Solution for injection 50 mg in 25 mL)	PF
	IDARUBICIN HYDROCHLORIDE **Restricted Benefit** Acute myelogenous leukaemia.							
4440Q	Injection	30 mg	5	-	856.93	35.40	[a] Idarubicin Ebewe (Solution for I.V. injection 10 mg in 10 mL)	SZ
							[a] Idarubicin Ebewe (Solution for I.V. injection 5 mg in 5 mL)	SZ
							[a] Zavedos Solution (Solution for I.V. injection 10 mg in 10 mL)	PF
							[a] Zavedos Solution (Solution for I.V. injection 5 mg in 5 mL)	PF
	MITOZANTRONE HYDROCHLORIDE							
4514N	Injection	30 mg	5	-	235.75	35.40	Pfizer Australia Pty Ltd (Injection 10 mg (base) in 5 mL)	PF
							[a] Hospira Pty Limited (Injection 20 mg (base) in 10 mL)	HH
							[a] Mitozantrone Ebewe (Injection 20 mg (base) in 10 mL)	SZ
							[a] Onkotrone (Injection 20 mg (base) in 10 mL)	BX
							[a] Onkotrone (Injection 25 mg (base) in 12.5 mL)	BX
							[a] Pfizer Australia Pty Ltd (Injection 20 mg (base) in 10 mL)	PF
							[a] Pfizer Australia Pty Ltd (Injection 25 mg (base) in 12.5 mL)	PF

Chemotherapy Items for Public Hospital use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	Other cytotoxic antibiotics								
	BLEOMYCIN SULFATE **Restricted Benefit** Germ cell neoplasms. **Restricted Benefit** Lymphoma.								
4402Q	Injection	30000 i.u.	11	-	108.70	35.40	a	Bleo 15K (Powder for injection 15,000 i.u.)	WQ
	Other antineoplastic agents								
	Platinum compounds								
	CARBOPLATIN								
4309T	Injection	900 mg	5	-	115.26	35.40	a	Carboplatin Ebewe (Solution for I.V. injection 150 mg in 15 mL)	SZ
							a	Carboplatin Ebewe (Solution for I.V. injection 450 mg in 45 mL)	SZ
							a	Carboplatin Ebewe (Solution for I.V. injection 50 mg in 5 mL)	SZ
							a	Carboplatin Kabi (Solution for I.V. injection 450 mg in 45 mL)	PK
							a	Hospira Pty Limited (Solution for I.V. injection 150 mg in 15 mL)	HH
							a	Hospira Pty Limited (Solution for I.V. injection 450 mg in 45 mL)	HH
							a	Hospira Pty Limited (Solution for I.V. injection 50 mg in 5 mL)	HH
							a	Pfizer Australia Pty Ltd (Solution for I.V. injection 150 mg in 15 mL)	PF
							a	Pfizer Australia Pty Ltd (Solution for I.V. injection 450 mg in 45 mL)	PF
							a	Pfizer Australia Pty Ltd (Solution for I.V. injection 50 mg in 5 mL)	PF
	CISPLATIN								
4319H	Injection	220 mg	14	-	75.40	35.40		Pfizer Australia Pty Ltd (I.V. injection 10 mg in 10 mL)	PF
							a	Cisplatin Ebewe (I.V. injection 100 mg in 100 mL)	SZ
							a	Hospira Pty Limited (I.V. injection 100 mg in 100 mL)	HH
							a	Hospira Pty Limited (I.V. injection 50 mg in 50 mL)	HH
							a	Pfizer Australia Pty Ltd (I.V. injection 100 mg in 100 mL)	PF
							a	Pfizer Australia Pty Ltd (I.V. injection 50 mg in 50 mL)	PF

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	OXALIPLATIN								
	Authority Required (STREAMLINED)								
	3930								
	Adjuvant treatment of stage III (Dukes C) colon cancer following complete resection of the primary tumour used in combination with capecitabine.								
	Authority Required (STREAMLINED)								
	3939								
	Adjuvant treatment of stage III (Dukes C) colon cancer following complete resection of the primary tumour used in combination with 5-fluorouracil and folinic acid.								
	Authority Required (STREAMLINED)								
	3900								
	Metastatic colorectal cancer in a patient with a WHO performance status of 2 or less, to be used in combination with capecitabine.								
	Authority Required (STREAMLINED)								
	3901								
	Metastatic colorectal cancer in a patient with a WHO performance status of 2 or less, to be used in combination with 5-fluorouracil and folinic acid.								
	Note								
	Pharmaceutical benefits that have the form oxaliplatin powder for I.V. infusion 50 mg (after reconstitution) and pharmaceutical benefits that have the form oxaliplatin solution concentrate for I.V. infusion 50 mg are equivalent for the purposes of substitution.								
	Note								
	Pharmaceutical benefits that have the form oxaliplatin powder for I.V. infusion 100 mg (after reconstitution) and pharmaceutical benefits that have the form oxaliplatin solution concentrate for I.V. infusion 100 mg are equivalent for the purposes of substitution.								
	Note								
	Oxaliplatin is not PBS-subsidised for the treatment of patients with stage II (Dukes B) colon cancer. Oxaliplatin is not PBS-subsidised for the adjuvant treatment of patients with rectal cancer.								
4542C	Injection	300 mg	11	-	531.04	35.40	a	DBL Oxaliplatin Concentrate (Solution concentrate for I.V. infusion 100 mg in 20 mL)	HH
							a	DBL Oxaliplatin Concentrate (Solution concentrate for I.V. infusion 50 mg in 10 mL)	HH
							a	Eloxatin (Solution concentrate for I.V. infusion 100 mg in 20 mL)	SW
							a	Eloxatin (Solution concentrate for I.V. infusion 200 mg in 40 mL)	SW
							a	Eloxatin (Solution concentrate for I.V. infusion 50 mg in 10 mL)	SW
							a	Hospira Pty Limited (Powder for I.V. infusion 100 mg)	HH
							a	Hospira Pty Limited (Powder for I.V. infusion 50 mg)	HH
							a	Oxalatin (Powder for I.V. infusion 100 mg)	ZP
							a	Oxalatin (Powder for I.V. infusion 50 mg)	ZP
							a	Oxaliplatin Actavis (Powder for I.V. infusion 100 mg)	TA
							a	Oxaliplatin Actavis (Powder for I.V. infusion 50 mg)	TA
							a	Oxaliplatin Alphapharm (Powder for I.V. infusion 100 mg)	AF
							a	Oxaliplatin Alphapharm (Powder for I.V. infusion 50 mg)	AF
							a	Oxaliplatin Ebewe (Powder for I.V. infusion 100 mg)	SZ
							a	Oxaliplatin Ebewe (Powder for I.V. infusion 50 mg)	SZ
							a	Oxaliplatin Kabi (Solution concentrate for I.V. infusion 100 mg in 20 mL)	PK
							a	Oxaliplatin Kabi (Solution concentrate for I.V. infusion 50 mg in 10 mL)	PK
							a	Oxaliplatin Link (Powder for I.V. infusion 100 mg)	PK
							a	Oxaliplatin Link (Powder for I.V. infusion 50 mg)	PK
							a	Oxaliplatin SUN (Solution concentrate for I.V. infusion 100 mg in 20 mL)	ZF
							a	Oxaliplatin SUN (Solution concentrate for I.V. infusion 200 mg in 40 mL)	ZF
							a	Oxaliplatin SUN (Solution concentrate for I.V. infusion 50 mg in 10 mL)	ZF
							a	Winthrop Oxaliplatin (Powder for I.V. infusion 100 mg)	WA
							a	Xalox (Powder for I.V. infusion 100 mg)	WQ

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
							[a] Xalox (Powder for I.V. infusion 50 mg)	WQ

Monoclonal antibodies

BEVACIZUMAB

Authority Required (STREAMLINED)

3894

Initial PBS-subsidised treatment, in combination with first-line chemotherapy, of a patient with previously untreated metastatic colorectal cancer with a WHO performance status of 0 or 1.

Doses greater than 5 mg per kg every 2 weeks or 7.5 mg per kg every 3 weeks will not be PBS-subsidised. The patient's WHO performance status and body weight must be recorded in the patient's medical records at the time the treatment cycle is initiated.

Authority Required (STREAMLINED)

3896

Continuing PBS-subsidised treatment, in combination with first-line chemotherapy, of a patient with metastatic colorectal cancer who has previously received PBS-subsidised treatment with bevacizumab and who does not have progressive disease and who remains on first-line chemotherapy.

Doses greater than 5 mg per kg every 2 weeks or 7.5 mg per kg every 3 weeks will not be PBS-subsidised. The patient's body weight must be documented in the patient's medical records at the time the treatment cycle is initiated.

Note

Special Pricing Arrangements apply.

Note

Not for use as monotherapy.

4400N	Injection	900 mg	11	-	3910.00	35.40	Avastin (Solution for I.V. infusion 100 mg in 4 mL)	RO
							Avastin (Solution for I.V. infusion 400 mg in 16 mL)	RO

CETUXIMAB

Authority Required (STREAMLINED)

3919

Initial treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx for the week prior to radiotherapy, where cisplatin is contraindicated according to the TGA-approved Product Information.

Authority Required (STREAMLINED)

3920

Initial treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx, in combination with radiotherapy, where cisplatin is not tolerated.

Note

No applications for repeats will be authorised.

4312Y	Injection	880 mg	0	-	3109.00	35.40	Erbitux (Solution for I.V. infusion 100 mg in 20 mL)	SG
							Erbitux (Solution for I.V. infusion 500 mg in 100 mL)	SG

CETUXIMAB

Authority Required (STREAMLINED)

3921

Continuing treatment of stage III, IVa or IVb squamous cell cancer of the larynx, oropharynx or hypopharynx, in combination with radiotherapy, where cisplatin is either contraindicated or not tolerated.

Note

A maximum lifetime supply for this indication is limited to a maximum of 8 treatments per site and to 10 treatments per site for patients in whom radiotherapy is interrupted.

4435K	Injection	550 mg	5	-	2086.00	35.40	Erbitux (Solution for I.V. infusion 100 mg in 20 mL)	SG
							Erbitux (Solution for I.V. infusion 500 mg in 100 mL)	SG

Chemotherapy Items for Public Hospital use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
	CETUXIMAB **Authority Required (STREAMLINED)** ***3903*** Initial PBS-subsidised treatment, as monotherapy or in combination with an irinotecan based therapy, of a patient with a WHO performance status of 2 or less and with K-RAS wild type metastatic colorectal cancer after failure of first-line chemotherapy. **Note** Cetuximab is not PBS-subsidised for use in combination with bevacizumab or oxaliplatin based therapies. **Note** Special Pricing Arrangements apply.							
4436L	Injection	880 mg	0	-	3109.00	35.40	Erbitux (Solution for I.V. infusion 100 mg in 20 mL) Erbitux (Solution for I.V. infusion 500 mg in 100 mL)	SG SG
	CETUXIMAB **Authority Required (STREAMLINED)** ***3904*** Continuing PBS-subsidised treatment, as monotherapy or in combination with an irinotecan based therapy, of a patient with K-RAS wild type metastatic colorectal cancer who has previously been issued with an authority prescription for cetuximab and who does not have progressive disease. **Note** Cetuximab is not PBS-subsidised for use in combination with bevacizumab or oxaliplatin based therapies. **Note** Special Pricing Arrangements apply.							
4731B	Injection	550 mg	11	-	2086.00	35.40	Erbitux (Solution for I.V. infusion 100 mg in 20 mL) Erbitux (Solution for I.V. infusion 500 mg in 100 mL)	SG SG
	RITUXIMAB **Authority Required (STREAMLINED)** ***3912*** Treatment of previously untreated, CD20 positive, diffuse large B-cell non-Hodgkin's lymphoma, in combination with chemotherapy. **Authority Required (STREAMLINED)** ***3915*** Treatment of symptomatic patients with previously untreated, CD20 positive, Stage III or IV, follicular, B-cell non-Hodgkin's lymphoma, in combination with chemotherapy.							
4613T	Injection	800 mg	7	-	3661.73	35.40	Mabthera (Solution for I.V. infusion 100 mg in 10 mL) Mabthera (Solution for I.V. infusion 500 mg in 50 mL)	RO RO
	RITUXIMAB **Authority Required (STREAMLINED)** ***3908*** Relapsed or refractory low-grade B-cell non-Hodgkin's lymphoma. **Authority Required (STREAMLINED)** ***3909*** Relapsed or refractory follicular B-cell non-Hodgkin's lymphoma.							
4614W	Injection	800 mg	3	-	3661.73	35.40	Mabthera (Solution for I.V. infusion 100 mg in 10 mL) Mabthera (Solution for I.V. infusion 500 mg in 50 mL)	RO RO
	RITUXIMAB **Authority Required (STREAMLINED)** ***3932*** CD20 positive, chronic lymphocytic leukaemia, in combination with fludarabine and cyclophosphamide. **Note** Rituximab is not PBS-subsidised for use as monotherapy.							
4615X	Injection	1100 mg	5	-	5019.86	35.40	Mabthera (Solution for I.V. infusion 100 mg in 10 mL) Mabthera (Solution for I.V. infusion 500 mg in 50 mL)	RO RO

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
	TRASTUZUMAB							
	Authority Required							
	Initial treatment (weekly regimen)							
	Initial treatment for HER2 positive early breast cancer commencing concurrently with adjuvant chemotherapy following surgery.							
	The total duration of PBS-subsidised treatment (initial plus continuing) that will be authorised is 52 weeks.							
	HER2 positivity must be demonstrated by in situ hybridisation (ISH).							
	Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.							
	Authority applications for initial treatment must be made in writing and must include: (a) a completed authority prescription form; and (b) a completed Early Breast Cancer - PBS Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes: (i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and (ii) a copy of the signed patient acknowledgement form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]. For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 4 mg per kg.							
	Note							
	Any queries concerning the arrangements to prescribe trastuzumab may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).							
	Written applications for authority to prescribe trastuzumab should be forwarded to: Medicare Australia Prior Written Approval of Specialised Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001							
	Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.							
4632T	Injection	500 mg	0	-	3542.69	35.40	Herceptin (Powder for I.V. infusion 150 mg)	RO
							Herceptin (Powder for I.V. infusion 60 mg)	RO

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	

TRASTUZUMAB

Authority Required

Continuing treatment (weekly regimen)
Continuing treatment for HER2 positive early breast cancer where the patient has previously received treatment with PBS-subsidised trastuzumab.

The patient is eligible to receive sufficient trastuzumab to complete 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.
Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

Authority applications for continuing treatment may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
For a patient on the weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 2 mg per kg.

Breaks in therapy.
Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.
Authority applications for new loading doses may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

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

Written applications for authority to prescribe trastuzumab should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.

4639E	Injection	250 mg	9	-	1894.37	35.40	Herceptin (Powder for I.V. infusion 150 mg)	RO
							Herceptin (Powder for I.V. infusion 60 mg)	RO

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	

TRASTUZUMAB

Authority Required

Initial treatment (3-weekly regimen)
Initial treatment for HER2 positive early breast cancer commencing concurrently with adjuvant chemotherapy following surgery.

The total duration of PBS-subsidised treatment (initial plus continuing) that will be authorised is 52 weeks.

HER2 positivity must be demonstrated by in situ hybridisation (ISH).

Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure. Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, prior to seeking the initial authority approval and then at 3 monthly intervals during treatment.

Authority applications for initial treatment must be made in writing and must include:
(a) a completed authority prescription form; and
(b) a completed Early Breast Cancer - PBS Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes:
(i) a copy of the pathology report from an Approved Pathology Authority confirming the presence of HER2 gene amplification by in situ hybridisation (ISH); and
(ii) a copy of the signed patient acknowledgement form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].
For a patient on the 3 weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a single loading dose of 8 mg per kg.

Note

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

Written applications for authority to prescribe trastuzumab should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.

4650R	Injection	1000 mg	0	-	7045.36	35.40	Herceptin (Powder for I.V. infusion 150 mg)	RO
							Herceptin (Powder for I.V. infusion 60 mg)	RO

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	

TRASTUZUMAB

Authority Required

Continuing treatment (3-weekly regimen)
Continuing treatment for HER2 positive early breast cancer where the patient has previously received treatment with PBS-subsidised trastuzumab.

The patient is eligible to receive sufficient trastuzumab to complete 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy.

Trastuzumab must not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.
Cardiac function must be tested by a suitable method including, for example, ECHO or MUGA, at 3 monthly intervals during treatment.

Authority applications for continuing treatment may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
For a patient on the 3-weekly regimen the medical practitioner should request sufficient quantity based on the weight of the patient to provide for a dose of 6 mg per kg.

Breaks in therapy.
Where a patient has a break in trastuzumab therapy of more than 1 week but less than 6 weeks from when the last dose was due, authority approval will be granted for a new loading dose.
Authority applications for new loading doses may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

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

Written applications for authority to prescribe trastuzumab should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Further prescribing information is on the Medicare Australia website at www.medicareaustralia.gov.au.

4703M	Injection	750 mg	3	-	5191.01	35.40	Herceptin (Powder for I.V. infusion 150 mg)	RO
							Herceptin (Powder for I.V. infusion 60 mg)	RO

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Other antineoplastic agents

ARSENIC TRIOXIDE

Authority Required (STREAMLINED)

3891

Induction and consolidation treatment of relapsed acute promyelocytic leukaemia (characterised by the presence of the t(15:17) translocation or PML/RAR-alpha fusion gene transcript) in a patient who is arsenic naive at induction.

4371C	Injection	18 mg	89	-	841.66	35.40	Phenasen (Injection concentrate 10 mg in 10 mL)	PL

BORTEZOMIB

Authority Required

Initial treatment with PBS-subsidised bortezomib.

Initial PBS-subsidised treatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of a patient with a histological diagnosis of multiple myeloma who has progressive disease after at least 1 prior therapy and who has undergone or is ineligible for a primary stem cell transplant. The patient must have experienced treatment failure after a trial of at least four (4) weeks of thalidomide at a dose of at least 100 mg daily or have failed to achieve at least a minimal response after eight (8) or more weeks of thalidomide-based therapy for progressive disease.

If the dosing requirement for thalidomide cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Progressive disease is defined as at least 1 of the following:
(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase of the difference between involved free light chain and uninvolved free light chain; or
(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein and less than 200 mg per 24 hour Bence-Jones proteinuria.

Thalidomide treatment failure is defined as:
(1) confirmed disease progression during thalidomide treatment or within 6 months of discontinuing thalidomide treatment; or
(2) severe intolerance or toxicity unresponsive to clinically appropriate dose adjustment.
Severe intolerance due to thalidomide is defined as unacceptable somnolence or sedation interfering with activities of daily living.
Toxicity from thalidomide is defined as peripheral neuropathy (Grade 2 or greater, interfering with function), drug-related seizures, serious Grade 3 or Grade 4 drug-related dermatological reactions, such as Stevens-Johnson Syndrome, or other Grade 3 or 4 toxicity.
Any queries concerning additional details about treatment failure may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday.
Failure to achieve at least a minimal response after 8 or more weeks of thalidomide-based therapy for progressive disease is defined as:
(1) less than a 25% reduction in serum or urine M protein; or
(2) in oligo-secretory and non-secretory myeloma patients only, less than a 25% reduction in the difference between involved and uninvolved serum free light chain levels.

Bortezomib will only be subsidised for patients with multiple myeloma who are not receiving concomitant PBS-subsidised lenalidomide.
The authority application must be made in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Multiple Myeloma Authority Application - Supporting Information Form, which includes details of the histological diagnosis of multiple myeloma, prior treatments including name(s) of drug(s) and date of most recent treatment cycle and record of prior stem cell transplant or ineligibility for prior stem cell transplant; details of thalidomide treatment failure; details of the basis of the diagnosis of progressive disease or failure to respond; and nomination of which disease activity parameters will be used to assess response.
To enable confirmation by Medicare Australia, current diagnostic reports of at least one of the following are required:
(a) the level of serum monoclonal protein; or
(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
(c) the serum level of free kappa and lambda light chains; or
(d) bone marrow aspirate or trephine; or
(e) if present, the size and location of lytic bone lesions (not including compression fractures); or
(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients.
Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided.
Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (either previous or current serum M protein less than 10 g per L and urinary Bence-Jones protein undetectable or less than 200 mg per 24 hours) must be provided; and

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(3) duration of thalidomide and daily dose prescribed; and
(4) a signed patient acknowledgment.

Authority Required

Continuing PBS-subsidised treatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of multiple myeloma in a patient who has previously received 4 treatment cycles of bortezomib and who, at the time of application, has demonstrated at least a partial response to bortezomib.

If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as:
(a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or
(b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein and urine Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as:
(c) at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.
If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:
(d) at least a 50% reduction in bone marrow plasma cells; or
(e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
(f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
(g) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.
For the purpose of assessing eligibility for continuing PBS-subsidised bortezomib treatment beyond 4 cycles, the patient must have achieved at least a partial response at the completion of cycle 4. The results of the response assessment must be included in a written application to Medicare Australia for further treatment. Where a response assessment is not submitted to Medicare Australia prior to cycle 5, patients will be deemed to have failed to respond to treatment with bortezomib. Continuing PBS-subsidised supply will not be approved if there is a gap of more than 6 months between the initial application and subsequent applications.
The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment.
The authority application must be made in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Multiple Myeloma Authority Application - Supporting Information Form; and
(3) diagnostic reports demonstrating the patient has achieved at least a partial response.

Diagnostic reports must be no more than 1 month old at the time of application. Patients who fail to demonstrate at least a partial response after 8 cycles will not be eligible to receive further PBS-subsidised treatment with bortezomib. No more than 2 cycles of treatment beyond the cycle at which a confirmed complete response was first achieved will be authorised. Confirmation requires 2 determinations a minimum of 6 weeks apart.

Note

Special Pricing Arrangements apply.

Note

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

Prescribing information (including Authority Application forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.

Applications for authority to prescribe bortezomib should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

4706Q	Injection	3000 mcg	15	-	1771.49	35.40	Velcade (Powder for injection 3.5 mg)	JC

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BORTEZOMIB

Authority Required

Continuing PBS-subsidised treatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of multiple myeloma in a patient who has previously received 8 treatment cycles with bortezomib and who, at the time of application, has demonstrated at least a partial response to bortezomib but who has not received 2 treatment cycles after first achieving a confirmed complete response.

If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as:
(a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or
(b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein and urine Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as:
(c) the difference between involved and uninvolved serum free light chain (FLC) levels, with at least a 50% reduction in this value. If serum M protein and urine Bence-Jones protein levels and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:
(d) at least a 50% reduction in bone marrow plasma cells; or
(e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
(f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
(g) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment.
Diagnostic reports must be within 1 month of the date of application.
For the purpose of assessing eligibility for continuing PBS-subsidised bortezomib treatment beyond 8 cycles, the patient must have achieved at least a partial response at the completion of cycle 8. The results of the response assessment must be included in a written application to Medicare Australia for further treatment. Where a response assessment is not submitted to Medicare Australia prior to cycle 9, patients will be deemed to have failed to respond to treatment with bortezomib.
Continuing PBS-subsidised supply will not be approved if there is a gap of more than 10 months between the initial application and an application following completion of 8 treatment cycles.

The authority application must be made in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Multiple Myeloma Authority Application - Supporting Information Form; and
(3) diagnostic reports demonstrating the patient has achieved at least a partial response.
No more than 2 cycles of treatment beyond the cycle at which the complete response was first achieved will be authorised. Confirmation requires 2 determinations a minimum of 6 weeks apart.
Applications for PBS-subsidised treatment with bortezomib that extends beyond 11 cycles per treatment course will not be approved.

Note

Special Pricing Arrangements apply.

Note

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

Prescribing information (including Authority Application forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.

Applications for authority to prescribe bortezomib should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

4712B	Injection	3000 mcg	11	-	1771.49	35.40	Velcade (Powder for injection 3.5 mg)	JC

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BORTEZOMIB

Authority Required

Retreatment of a patient who has been previously treated with PBS-subsidised bortezomib.

Initial PBS-subsidised treatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of a patient with multiple myeloma who has progressive disease and who has been previously treated with PBS-subsidised bortezomib.
The patient must have experienced at least a partial response to the most recent course of PBS-subsidised bortezomib therapy.
Progressive disease is defined as at least 1 of the following:
(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or
(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase of the difference between involved free light chain and uninvolved free light chain; or
(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or
(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or
(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or
(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein and less than 200 mg per 24 hour Bence-Jones proteinuria.
If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to re-treatment with bortezomib) is defined as:
(a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or
(b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.
If serum M protein and Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as:
(c) the difference between involved and uninvolved serum free light chain (FLC) levels, with at least a 50% reduction in this value. If serum M protein and urine Bence-Jones protein levels and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:
(d) at least a 50% reduction in bone marrow plasma cells; or
(e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
(f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-scan); or
(g) normalization of corrected serum calcium to less than or equal to 2.65 mmol per L.

The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment.
Bortezomib will only be subsidised for patients with multiple myeloma who are not receiving concomitant PBS-subsidised lenalidomide.
The authority application must be made in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Multiple Myeloma Authority Application - Supporting Information Form which includes details of the basis of the current diagnosis of progressive disease and nomination of which disease activity parameters will be used to assess response; and
(3) diagnostic reports demonstrating the patient has achieved at least a partial response to the most recent course of PBS-subsidised bortezomib, if not previously provided to Medicare Australia.
To enable confirmation by Medicare Australia, current diagnostic reports of at least one of the following are required:
(a) the level of serum monoclonal protein; or
(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or
(c) the serum level of free kappa and lambda light chains; or
(d) bone marrow aspirate or trephine; or
(e) if present, the size and location of lytic bone lesions (not including compression fractures); or
(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or
(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters will be used to determine response, results for either (a) or (b) or (c) should be provided for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) should be provided.

Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (either previous or current serum M protein less than 10 g per L and urinary Bence-Jones protein undetectable or less than 200 mg per 24 hours) must be provided; and
(4) a signed patient acknowledgment.

Authority Required

Continuing retreatment of a patient who has been previously treated with PBS-subsidised bortezomib.

Continuing PBS-subsidised retreatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of multiple myeloma in a patient who has received 4 treatment cycles of bortezomib in the current treatment course and who, at the time of application, has demonstrated at least a partial response to bortezomib.

If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to treatment with

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	

bortezomib) is defined as:
(a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or
(b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours.

If serum M protein and urine Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as:
(c) at least a 50% reduction in the difference between involved and uninvolved serum free light chain (FLC) levels.
If serum M protein and urine Bence-Jones protein and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as:
(d) at least a 50% reduction in bone marrow plasma cells; or
(e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or
(f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or
(g) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.

For the purpose of assessing eligibility for continuing the current course of PBS-subsidised bortezomib treatment beyond 4 cycles, the patient must have achieved at least a partial response at the completion of cycle 4.
The results of the response assessment must be included in a written application to Medicare Australia for further treatment. Where a response assessment is not submitted to Medicare Australia prior to cycle 5, patients will be deemed to have failed to respond to treatment with bortezomib.
Continuing PBS-subsidised supply will not be approved if there is a gap of more than 6 months between the initial application and subsequent applications.
The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment.
The authority application must be made in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Multiple Myeloma Authority Application - Supporting Information Form; and
(3) diagnostic reports demonstrating the patient has achieved at least a partial response.
Diagnostic reports must be no more than 1 month old at the time of application.
Patients who fail to demonstrate at least a partial response after 8 cycles will not be eligible to receive further PBS-subsidised treatment with bortezomib.
No more than 2 cycles of treatment beyond the cycle at which a confirmed complete response was first achieved will be authorised. Confirmation requires 2 determinations a minimum of 6 weeks apart.

Note
Special Pricing Arrangements apply.

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

Prescribing information (including Authority Application forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.

Applications for authority to prescribe bortezomib should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

4713C	Injection	3000 mcg	15	-	1771.49	35.40	Velcade (Powder for injection 3.5 mg)	JC

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $		Brand, Form, Strength and Manufacturer	
	BORTEZOMIB								
	Authority Required								
	Continuing retreatment of a patient who has been previously treated with PBS-subsidised bortezomib.								
	Continuing PBS-subsidised retreatment, as monotherapy or in combination with a corticosteroid and/or cyclophosphamide, of multiple myeloma in a patient who has received 8 treatment cycles with bortezomib in the current treatment course and who, at the time of application, has demonstrated at least a partial response to bortezomib but who has not received 2 treatment cycles after first achieving a confirmed complete response.								
	If serum M protein and urine Bence-Jones protein levels are measurable, partial response (PR) compared with baseline (prior to treatment with bortezomib) is defined as: (a) at least a 50% reduction in the level of serum M protein (monoclonal protein); or (b) at least a 90% reduction in 24-hour urinary light chain M protein excretion or to less than 200 mg per 24 hours. If serum M protein and urine Bence-Jones protein levels are unmeasurable as in non-secretory/oligo-secretory multiple myeloma, partial response compared with baseline is defined as: (c) the difference between involved and uninvolved serum free light chain (FLC) levels, with at least a 50% reduction in this value. If serum M protein and urine Bence-Jones protein levels and serum FLC are unmeasurable/unavailable, partial response compared with baseline is defined as: (d) at least a 50% reduction in bone marrow plasma cells; or (e) no increase in size or number of lytic bone lesions (development of compression fracture does not exclude response); or (f) at least a 50% reduction in the size of soft tissue plasmacytoma (by clinical or applicable radiographic examination, i.e. MRI or CT-Scan); or (g) normalisation of corrected serum calcium to less than or equal to 2.65 mmol per L.								
	The same parameters provided for the diagnosis of progressive disease are to be used to demonstrate at least a partial response to treatment. Diagnostic reports must be within 1 month of the date of application.								
	For the purpose of assessing eligibility for continuing PBS-subsidised bortezomib treatment beyond 8 cycles, the patient must have achieved at least a partial response at the completion of cycle 8. The results of the response assessment must be included in a written application to Medicare Australia for further treatment. Where a response assessment is not submitted to Medicare Australia prior to cycle 9, patients will be deemed to have failed to respond to treatment with bortezomib.								
	Continuing PBS-subsidised supply will not be approved if there is a gap of more than 10 months between the initial application and an application following completion of 8 treatment cycles. The authority application must be made in writing and must include: (1) a completed authority prescription form; and (2) a completed Multiple Myeloma Authority Application - Supporting Information Form; and (3) diagnostic reports demonstrating the patient has achieved at least a partial response. No more than 2 cycles of treatment beyond the cycle at which the complete response was first achieved will be authorised. Confirmation requires 2 determinations a minimum of 6 weeks apart. Applications for PBS-subsidised treatment with bortezomib that extends beyond 11 cycles per treatment course will not be approved.								
	Note Special Pricing Arrangements apply.								
	Note Any queries concerning the arrangements to prescribe bortezomib may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).								
	Prescribing information (including Authority Application forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.								
	Applications for authority to prescribe bortezomib should be forwarded to: Medicare Australia Prior Written Approval of Specialised Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001								
4725Q	Injection	3000 mcg	11	-	1771.49	35.40		Velcade (Powder for injection 3.5 mg)	JC
	IRINOTECAN HYDROCHLORIDE TRIHYDRATE								
	Authority Required (STREAMLINED) ***3184*** Metastatic colorectal cancer in patients with a WHO performance status of 2 or less.								
	Note In first-line usage, effectiveness and tolerance may be improved when irinotecan is combined with an infusional 5-fluorouracil regimen.								
4451G	Injection	800 mg	11	-	343.38	35.40	[a]	Camptosar (I.V. injection 100 mg in 5 mL)	PF
							[a]	Camptosar (I.V. injection 300 mg in 15 mL)	PF
							[a]	Camptosar (I.V. injection 40 mg in 2 mL)	PF

Chemotherapy Items for Public Hospital use

Code	Name, Restriction, Manner of Administration	Max. Amount	No. of Rpts	Premium $	Dispensed Price for Max. Amount $	Maximum Recordable Value for Safety Net $	Brand, Form, Strength and Manufacturer	
							[a] Hospira Pty Limited (I.V. injection 100 mg in 5 mL)	HH
							[a] Hospira Pty Limited (I.V. injection 40 mg in 2 mL)	HH
							[a] Hospira Pty Limited (I.V. injection 500 mg in 25 mL)	HH
							[a] Irinotecan Actavis (I.V. injection 100 mg in 5 mL)	TA
							[a] Irinotecan Actavis (I.V. injection 40 mg in 2 mL)	TA
							[a] Irinotecan Actavis 500 (I.V. injection 500 mg in 25 mL)	TA
							[a] Irinotecan Alphapharm (I.V. injection 100 mg in 5 mL)	AF
							[a] Irinotecan Alphapharm (I.V. injection 40 mg in 2 mL)	AF
							[a] Irinotecan Ebewe (I.V. injection 100 mg in 5 mL)	SZ
							[a] Irinotecan Ebewe (I.V. injection 300 mg in 15 mL)	SZ
							[a] Irinotecan Ebewe (I.V. injection 40 mg in 2 mL)	SZ
							[a] Irinotecan Ebewe (I.V. injection 500 mg in 25 mL)	SZ
							[a] Irinotecan Kabi (I.V. injection 100 mg in 5 mL)	PK
							[a] Irinotecan Kabi (I.V. injection 40 mg in 2 mL)	PK
							[a] Omegapharm Irinotecan (I.V. injection 100 mg in 5 mL)	OE
							[a] Omegapharm Irinotecan (I.V. injection 40 mg in 2 mL)	OE
							[a] Tecan (I.V. injection 100 mg in 5 mL)	WQ
							[a] Tecan (I.V. injection 40 mg in 2 mL)	WQ
							[a] Tecan (I.V. injection 500 mg in 25 mL)	WQ
	TOPOTECAN HYDROCHLORIDE							
	Authority Required (STREAMLINED)							
	3186							
	Advanced metastatic ovarian cancer after failure of prior therapy which includes a platinum compound.							
4617B	Injection	3500 mcg	17	-	436.00	35.40	Hycamtin (Powder for I.V. infusion 4 mg (base))	GK

Related Pharmaceutical Benefits (not subject to the revised arrangements) for Public Hospital use

Alimentary tract and metabolism

Antiemetics and antinauseants

Antiemetics and antinauseants
Serotonin (5HT $_3$) antagonists

GRANISETRON HYDROCHLORIDE

Restricted benefit

Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
5898K	Tablet 2 mg (base)	2	..	..	*44.44	35.40		Kytril	HH
5899L	Concentrated injection 3 mg (base) in 3 mL	1	..	..	25.42	25.42	a	Kytril	HH
				..	*26.51	26.51	a	Granisetron Kabi	PK

ONDANSETRON

Restricted benefit

Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

Note

Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 4 mg and pharmaceutical benefits that have the form ondansetron wafer 4 mg are equivalent for the purposes of substitution.

5857G	Tablet (orally disintegrating) 4 mg	4	..	..	16.17	16.17	a	Ondansetron ODT-DRLA	RZ
5969E	Wafer 4 mg	4	..	..	16.17	16.17	a	Ondaz Zydis	SZ
							a	Zofran Zydis	GK

ONDANSETRON

Restricted benefit

Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

Note

Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 8 mg and pharmaceutical benefits that have the form ondansetron wafer 8 mg are equivalent for the purposes of substitution.

5858H	Tablet (orally disintegrating) 8 mg	4	..	..	25.33	25.33	a	Ondansetron ODT-DRLA	RZ
5970F	Wafer 8 mg	4	..	..	25.33	25.33	a	Ondaz Zydis	SZ
							a	Zofran Zydis	GK

ONDANSETRON

Restricted benefit

Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

5848T	Syrup 4 mg (as hydrochloride dihydrate) per 5 mL, 50 mL	‡1	..	..	80.78	35.40		Zofran syrup 50 mL	GK
5967C	Tablet 4 mg (as hydrochloride dihydrate)	4	..	..	16.17	16.17	a	APO-Ondansetron	TX
							a	Ondansetron-DRLA	RZ
							a	Ondaz	SZ
							a	Onsetron 4	ZP

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
							a	Zofran	GK
5968D	Tablet 8 mg (as hydrochloride dihydrate)	4	..	..	25.33	25.33	a	APO-Ondansetron	TX
							a	Ondansetron-DRLA	RZ
							a	Ondaz	SZ
							a	Onsetron 8	ZP
							a	Zofran	GK
5971G	I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL	1	..	..	8.47	8.47	a	Ondansetron Alphapharm	AF
							a	Ondansetron-Claris	AE
							a	Ondaz	SZ
							a	Onsetron	ZP
							a	Pfizer Australia Pty Ltd	PF
							a	Zofran	GK
5972H	I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL	1	..	..	13.46	13.46	a	Ondansetron Alphapharm	AF
							a	Ondansetron-Claris	AE
							a	Ondaz	SZ
							a	Onsetron	ZP
							a	Pfizer Australia Pty Ltd	PF
							a	Zofran	GK

PALONOSETRON

Restricted benefit

Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Note

No applications for increased maximum quantities will be authorised. Palonosetron is not PBS-subsidised for administration with oral 5-HT3 antagonists.

5853C	Injection 250 micrograms (as hydrochloride) in 5 mL	1	..	..	34.36	34.36	Aloxi	TS

TROPISETRON HYDROCHLORIDE

Restricted benefit

Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

5986C	Capsule 5 mg (base)	2	..	..	37.02	35.40	Navoban	NV
5987D	I.V. injection 5 mg (base) in 5 mL	1	..	..	18.50	18.50	Navoban	NV

Other antiemetics

APREPITANT

Note

Aprepitant is not PBS-subsidised for nausea and vomiting associated with radiotherapy being used to treat malignancy.

Authority required (STREAMLINED)

3619

Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy, in combination with a 5HT3 antagonist and dexamethasone, where any 1 of the following chemotherapy agents are to be administered:
(a) altretamine;
(b) carmustine;
(c) cisplatin when a single dose constitutes a cycle of chemotherapy;
(d) cyclophosphamide at a dose of 1500 mg per square metre per day or greater;
(e) dacarbazine;
(f) procarbazine when a single dose constitutes a cycle of chemotherapy;
(g) streptozocin.
No more than 1 pack containing 1 x 125 mg capsule and 2 x 80 mg capsules will be authorised per cycle of cytotoxic chemotherapy;

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	3620 Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat breast cancer, in combination with a 5HT3 antagonist and dexamethasone, where cyclophosphamide and an anthracycline are to be co-administered. No more than 1 pack containing 1 x 125 mg capsule and 2 x 80 mg capsules will be authorised per cycle of cytotoxic chemotherapy;							
	3621 Management of nausea and vomiting associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, in combination with a 5HT3 antagonist and dexamethasone on day 1, where the patient has had a prior episode of chemotherapy induced nausea or vomiting where any 1 of the following intravenous chemotherapy agents is to be administered: (a) arsenic trioxide; (b) azacitidine; (c) carboplatin; (d) cyclophosphamide at a dose of less than 1500 mg per square metre per day; (e) cytarabine at a dose of greater than 1 g per square metre per day; (f) dactinomycin; (g) daunorubicin; (h) doxorubicin; (i) epirubicin; (j) fotemustine; (k) idarubicin; (l) ifosfamide; (m) irinotecan; (n) melphalan; (o) methotrexate at a dose of 250 mg to 1 g per square metre; (p) oxaliplatin; (q) raltitrexed. No more than one pack containing 1 x 125 mg capsule and 2 x 80 mg capsules will be authorised per cycle of cytotoxic chemotherapy. Concomitant use of a 5HT3 antagonist should not occur with aprepitant on days 2 and 3 of any chemotherapy cycle.							
	Note No applications for increased maximum quantities and/or repeats will be authorised.							
5888X	Pack containing 1 capsule 125 mg and 2 capsules 80 mg	‡1	5	..	112.01	35.40	Emend	MK

Antineoplastic and immunomodulating agents

Immunostimulants

Immunostimulants

Interferons

INTERFERON ALFA-2a

Caution

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

Authority required (STREAMLINED)

3180

Hairy cell leukaemia;

3899

Myeloproliferative disease with excessive thrombocytosis.

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
5945X	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	15	4	..	*447.00	35.40	Roferon-A	RO

INTERFERON ALFA-2a

Caution

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

Authority required (STREAMLINED)

3899

Myeloproliferative disease with excessive thrombocytosis.

5996N	Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	5	4	..	*223.50	35.40	Roferon-A	RO
5997P	Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	4	..	*297.90	35.40	Roferon-A	RO
5998Q	Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	4	..	*446.90	35.40	Roferon-A	RO

INTERFERON ALFA-2a

Caution

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

Authority required (STREAMLINED)

3895

Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.

5946Y	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	15	5	..	*447.00	35.40	Roferon-A	RO
5947B	Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*223.50	35.40	Roferon-A	RO
5948C	Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*297.90	35.40	Roferon-A	RO
5949D	Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*446.90	35.40	Roferon-A	RO

INTERFERON ALFA-2b

Caution

Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.

Authority required (STREAMLINED)

3180

Hairy cell leukaemia.

5893E	Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen	3	4	..	*536.22	35.40	Intron A Redipen	MK

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $	Brand Name and Manufacturer	
	INTERFERON ALFA-2b							
	Caution							
	Treatment with interferon alfa has been associated with depression and suicide in some patients. Patients with a history of suicidal ideation or depressive illness should be warned of the risks. Psychiatric status during therapy should be monitored.							
	Authority required (STREAMLINED)							
	3898							
	Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy;							
	3895							
	Low grade non-Hodgkin's lymphoma with clinical features suggestive of a poor prognosis, in combination with anthracycline-based chemotherapy.							
5953H	Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen	3	5	..	*536.22	35.40	Intron A Redipen	MK
5956L	Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose injection pen	3	5	..	*893.70	35.40	Intron A Redipen	MK

Other immunostimulants

	BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/ Connaught strain)							
	Restricted benefit							
	Treatment of carcinoma in situ of the urinary bladder.							
5901N	Powder for intravesical administration containing 6.6 to 19.2 x 10^8 CFU	3	1	..	*405.00	35.40	ImmuCyst	SW
	BCG-TICE (Bacillus Calmette-Guérin/ Tice strain)							
	Restricted benefit							
	Primary and relapsing superficial urothelial carcinoma of the bladder.							
5902P	Vial containing powder for intravesical administration approximately 5 x 10^8 CFU	3	1	..	491.83	35.40	OncoTICE	MK

Various

All other therapeutic products

All other therapeutic products

Detoxifying agents for antineoplastic treatment

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty $	Maximum Recordable Value for Safety Net $		Brand Name and Manufacturer	
	CALCIUM FOLINATE								
5863N	Injection equivalent to 1000 mg folinic acid in 100 mL	1	1	..	217.91	35.40		Calcium Folinate Ebewe	SZ
5870Y	Injection equivalent to 300 mg folinic acid in 30 mL	4	1	..	*254.92	35.40	a	Calcium Folinate Ebewe	SZ
							a	Leucovorin Calcium (Hospira Pty Limited)	HH
5886T	Injection equivalent to 100 mg folinic acid in 10 mL	10	1	..	*217.90	35.40	a	Calcium Folinate Ebewe	SZ
				..	217.97	35.40	a	Leucovorin Calcium (Pfizer Australia Pty Ltd)	PF
5890B	Injection equivalent to 50 mg folinic acid in 5 mL	5	5	..	*118.05	35.40	a	Leucovorin Calcium (Hospira Pty Limited)	HH
				..	118.10	35.40	a	Calcium Folinate Ebewe	SZ
				..	*119.17	35.40	a	Leucovorin Calcium (Pfizer Australia Pty Ltd)	PF
	CALCIUM FOLINATE **Restricted benefit** Antidote to folic acid antagonists.								
5904R	Tablet equivalent to 15 mg folinic acid	10	..	..	76.00	35.40		Leucovorin Calcium (Hospira Pty Limited)	HH
	MESNA **Restricted benefit** Adjunctive therapy for use with ifosfamide or high dose cyclophosphamide.								
5960Q	Solution for I.V. injection 400 mg in 4 mL	15	5	..	81.89	35.40		Uromitexan	BX
5961R	Solution for I.V. injection 1 g in 10 mL	15	5	..	185.44	35.40		Uromitexan	BX

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