



Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

This Schedule is also available on the internet at
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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 printing, 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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PHARMACEUTICAL BENEFITS

Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 April 2012 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	\$6.42
	Dangerous drug fee	\$2.71
	Extemporaneously-prepared	\$8.46
	Allowable additional patient charge*	\$4.04
Additional Fees (for safety net prices):	Ready-prepared	\$1.09
	Extemporaneously-prepared	\$1.44
Patient Co-payments:	General	\$35.40
	Concessional	\$5.80
Safety Net Thresholds:	General	\$1363.30
	Concessional	\$348.00
Safety Net Card Issue Fee:		\$8.88

*The allowable additional patient charge is a discretionary charge to general patients if a pharmaceutical item has a dispensed price for maximum quantity less than the general patient co-payment. The pharmacist may charge general patients the allowable additional fee but the fee cannot take the cost of the prescription above the general patient co-payment for the medicine. This fee does not count towards the Safety Net threshold.

SUMMARY OF CHANGES

Additions

Addition – Item

1220F	Abatacept , Injection 125 mg in 1 mL single dose pre-filled syringe (<i>Orencia</i>)
1221G	Abatacept , Injection 125 mg in 1 mL single dose pre-filled syringe (<i>Orencia</i>)
1180D	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>Neocate Advance Vanilla</i>)
1192R	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>Neocate Advance Vanilla</i>)
1229Q	Dalteparin Sodium (low Molecular Weight Heparin Sodium—porcine mucous) , Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe (<i>Fragmin</i>)
1296F	Dalteparin Sodium (low Molecular Weight Heparin Sodium—porcine mucous) , Injection 12,500 units (anti-Xa) in 0.5 mL single dose pre-filled syringe (<i>Fragmin</i>)
1354G	Dasatinib , Tablet 20 mg (<i>Sprycel</i>)
1381Q	Dasatinib , Tablet 50 mg (<i>Sprycel</i>)
1415L	Dasatinib , Tablet 70 mg (<i>Sprycel</i>)
1416M	Dasatinib , Tablet 100 mg (<i>Sprycel</i>)
1309X	Nilotinib , Capsule 150 mg (as hydrochloride monohydrate) (<i>Tasigna</i>)
1024X	Olanzapine , Tablet 2.5 mg (as benzoate) (<i>Olanzapine generichealth 2.5</i>)
1037N	Olanzapine , Tablet 5 mg (as benzoate) (<i>Olanzapine generichealth 5</i>)
1041T	Olanzapine , Tablet 7.5 mg (as benzoate) (<i>Olanzapine generichealth 7.5</i>)
1042W	Olanzapine , Tablet 10 mg (as benzoate) (<i>Olanzapine generichealth 10</i>)
3381Y	Olanzapine , Tablet 5 mg (orally disintegrating) (<i>APO-Olanzapine ODT, Chem mart Olanzapine ODT, Terry White Chemists Olanzapine ODT, Olanzapine-GA ODT, Olanzapine ODT-DRLA, PS Olanzapine ODT, Zylap ODT 5</i>)
3382B	Olanzapine , Tablet 10 mg (orally disintegrating) (<i>APO-Olanzapine ODT, Chem mart Olanzapine ODT, Terry White Chemists Olanzapine ODT, Olanzapine-GA ODT, Olanzapine ODT-DRLA, PS Olanzapine ODT, Zylap ODT 10</i>)
3384D	Olanzapine , Tablet 15 mg (orally disintegrating) (<i>APO-Olanzapine ODT, Chem mart Olanzapine ODT, Terry White Chemists Olanzapine ODT</i>)
3385E	Olanzapine , Tablet 20 mg (orally disintegrating) (<i>APO-Olanzapine ODT, Chem mart Olanzapine ODT, Terry White Chemists Olanzapine ODT</i>)

Addition – Brand

2751T	<i>Amlodipine Pfizer, FZ</i> – Amlodipine , Tablet 5 mg (as besylate)
2752W	<i>Amlodipine Pfizer, FZ</i> – Amlodipine , Tablet 10 mg (as besylate)
8179L	<i>Anastrol, QA</i> – Anastrozole , Tablet 1 mg
8179L	<i>Anastrozole-DRLA, RZ</i> – Anastrozole , Tablet 1 mg
8179L	<i>Anastrozole-GA, GM</i> – Anastrozole , Tablet 1 mg
8179L	<i>Anastrozole GH, GQ</i> – Anastrozole , Tablet 1 mg
8179L	<i>Anastrozole LW, TA</i> – Anastrozole , Tablet 1 mg
8179L	<i>Anastrozole-PS, FZ</i> – Anastrozole , Tablet 1 mg
8179L	<i>Anastrozole RBX, RA</i> – Anastrozole , Tablet 1 mg
8179L	<i>Anastrozole Sandoz, SZ</i> – Anastrozole , Tablet 1 mg
8179L	<i>Anzole, WQ</i> – Anastrozole , Tablet 1 mg
8179L	<i>APO-Anastrozole, TX</i> – Anastrozole , Tablet 1 mg
8179L	<i>Chem mart Anastrozole, CH</i> – Anastrozole , Tablet 1 mg

8179L	<i>Terry White Chemists Anastrozole, TW</i> – Anastrozole , Tablet 1 mg
8717T	<i>Aripiprazole GH, GQ</i> – Aripiprazole , Tablet 10 mg
8718W	<i>Aripiprazole GH, GQ</i> – Aripiprazole , Tablet 15 mg
8719X	<i>Aripiprazole GH, GQ</i> – Aripiprazole , Tablet 20 mg
8720Y	<i>Aripiprazole GH, GQ</i> – Aripiprazole , Tablet 30 mg
8213G	<i>Atorvastatin Pfizer, FZ</i> – Atorvastatin , Tablet 10 mg (as calcium)
8213G	<i>Trovas, RA</i> – Atorvastatin , Tablet 10 mg (as calcium)
9230T	<i>Atorvastatin Pfizer, FZ</i> – Atorvastatin , Tablet 10 mg (as calcium)
9230T	<i>Trovas, RA</i> – Atorvastatin , Tablet 10 mg (as calcium)
8214H	<i>Atorvastatin Pfizer, FZ</i> – Atorvastatin , Tablet 20 mg (as calcium)
8214H	<i>Trovas, RA</i> – Atorvastatin , Tablet 20 mg (as calcium)
9231W	<i>Atorvastatin Pfizer, FZ</i> – Atorvastatin , Tablet 20 mg (as calcium)
9231W	<i>Trovas, RA</i> – Atorvastatin , Tablet 20 mg (as calcium)
8215J	<i>Atorvastatin Pfizer, FZ</i> – Atorvastatin , Tablet 40 mg (as calcium)
8215J	<i>Trovas, RA</i> – Atorvastatin , Tablet 40 mg (as calcium)
9232X	<i>Atorvastatin Pfizer, FZ</i> – Atorvastatin , Tablet 40 mg (as calcium)
9232X	<i>Trovas, RA</i> – Atorvastatin , Tablet 40 mg (as calcium)
8521L	<i>Atorvastatin Pfizer, FZ</i> – Atorvastatin , Tablet 80 mg (as calcium)
8521L	<i>Trovas, RA</i> – Atorvastatin , Tablet 80 mg (as calcium)
9233Y	<i>Atorvastatin Pfizer, FZ</i> – Atorvastatin , Tablet 80 mg (as calcium)
9233Y	<i>Trovas, RA</i> – Atorvastatin , Tablet 80 mg (as calcium)
8604W	<i>APO-Bisoprolol, TX</i> – Bisoprolol Fumarate , Tablet 2.5 mg
8604W	<i>Chem mart Bisoprolol, CH</i> – Bisoprolol Fumarate , Tablet 2.5 mg
8604W	<i>Terry White Chemists Bisoprolol, TW</i> – Bisoprolol Fumarate , Tablet 2.5 mg
8605X	<i>APO-Bisoprolol, TX</i> – Bisoprolol Fumarate , Tablet 5 mg
8605X	<i>Chem mart Bisoprolol, CH</i> – Bisoprolol Fumarate , Tablet 5 mg
8605X	<i>Terry White Chemists Bisoprolol, TW</i> – Bisoprolol Fumarate , Tablet 5 mg
8606Y	<i>APO-Bisoprolol, TX</i> – Bisoprolol Fumarate , Tablet 10 mg
8606Y	<i>Chem mart Bisoprolol, CH</i> – Bisoprolol Fumarate , Tablet 10 mg
8606Y	<i>Terry White Chemists Bisoprolol, TW</i> – Bisoprolol Fumarate , Tablet 10 mg
9354H	<i>Clopidogrel GH, GQ</i> – Clopidogrel , Tablet 75 mg (as besilate)
9354H	<i>Clopidogrel-PS, FZ</i> – Clopidogrel , Tablet 75 mg (as besilate)
8270G	<i>Zactin Tablet, AF</i> – Fluoxetine , Tablet, dispersible, 20 mg (as hydrochloride)
2414C	<i>Frusemide-PS, FZ</i> – Frusemide , Tablet 20 mg
2412Y	<i>Frusax, GN</i> – Frusemide , Tablet 40 mg
2412Y	<i>Frusemide-PS, FZ</i> – Frusemide , Tablet 40 mg
8559L	<i>Nupentin Tabs, AF</i> – Gabapentin , Tablet 600 mg
8389M	<i>Nupentin Tabs, AF</i> – Gabapentin , Tablet 800 mg
2591J	<i>APO-Isotretinoin, TX</i> – Isotretinoin , Capsule 10 mg
2592K	<i>APO-Isotretinoin, TX</i> – Isotretinoin , Capsule 20 mg
8245Y	<i>APO-Letrozole, TX</i> – Letrozole , Tablet 2.5 mg
8245Y	<i>Chem mart Letrozole, CH</i> – Letrozole , Tablet 2.5 mg
8245Y	<i>Femolet, AF</i> – Letrozole , Tablet 2.5 mg

8245Y	<i>Fera, QA – Letrozole, Tablet 2.5 mg</i>
8245Y	<i>Letara, FZ – Letrozole, Tablet 2.5 mg</i>
8245Y	<i>Letrozole Actavis, TA – Letrozole, Tablet 2.5 mg</i>
8245Y	<i>Letrozole-DRLA, RZ – Letrozole, Tablet 2.5 mg</i>
8245Y	<i>Letrozole-GA, GM – Letrozole, Tablet 2.5 mg</i>
8245Y	<i>Letrozole generichealth, GQ – Letrozole, Tablet 2.5 mg</i>
8245Y	<i>Letrozole RBX, RA – Letrozole, Tablet 2.5 mg</i>
8245Y	<i>Letrozole Sandoz, SZ – Letrozole, Tablet 2.5 mg</i>
8245Y	<i>Terry White Chemists Letrozole, TW – Letrozole, Tablet 2.5 mg</i>
2395C	<i>Methaccord, WQ – Methotrexate, Injection 50 mg in 2 mL</i>
8649F	<i>APO-Mycophenolate, TX – Mycophenolate Mofetil, Capsule 250 mg</i>
8649F	<i>Ceptolate, AF – Mycophenolate Mofetil, Capsule 250 mg</i>
8649F	<i>Imulate, QA – Mycophenolate Mofetil, Capsule 250 mg</i>
8649F	<i>Mycophenolate Sandoz, SZ – Mycophenolate Mofetil, Capsule 250 mg</i>
8650G	<i>APO-Mycophenolate, TX – Mycophenolate Mofetil, Tablet 500 mg</i>
8650G	<i>Ceptolate, AF – Mycophenolate Mofetil, Tablet 500 mg</i>
8650G	<i>Imulate, QA – Mycophenolate Mofetil, Tablet 500 mg</i>
8650G	<i>Mycophenolate Sandoz, SZ – Mycophenolate Mofetil, Tablet 500 mg</i>
8170B	<i>APO-Olanzapine, TX – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Chem mart Olanzapine, CH – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Lanzek, EL – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Olanzapine-DRLA, RZ – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Olanzapine-GA, GM – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Olanzapine-PS, FZ – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Olanzapine RBX, RA – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Olanzapine Sandoz, SZ – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Ozin 2.5, DO – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Terry White Chemists Olanzapine, TW – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Zylap 2.5, QA – Olanzapine, Tablet 2.5 mg</i>
8170B	<i>Zypine, AF – Olanzapine, Tablet 2.5 mg</i>
8185T	<i>APO-Olanzapine, TX – Olanzapine, Tablet 5 mg</i>
8185T	<i>Chem mart Olanzapine, CH – Olanzapine, Tablet 5 mg</i>
8185T	<i>Lanzek, EL – Olanzapine, Tablet 5 mg</i>
8185T	<i>Olanzapine-DRLA, RZ – Olanzapine, Tablet 5 mg</i>
8185T	<i>Olanzapine-GA, GM – Olanzapine, Tablet 5 mg</i>
8185T	<i>Olanzapine-PS, FZ – Olanzapine, Tablet 5 mg</i>
8185T	<i>Olanzapine RBX, RA – Olanzapine, Tablet 5 mg</i>
8185T	<i>Olanzapine Sandoz, SZ – Olanzapine, Tablet 5 mg</i>
8185T	<i>Ozin 5, DO – Olanzapine, Tablet 5 mg</i>
8185T	<i>Terry White Chemists Olanzapine, TW – Olanzapine, Tablet 5 mg</i>
8185T	<i>Zylap 5, QA – Olanzapine, Tablet 5 mg</i>
8185T	<i>Zypine, AF – Olanzapine, Tablet 5 mg</i>
8186W	<i>APO-Olanzapine, TX – Olanzapine, Tablet 7.5 mg</i>

8186W	<i>Chem mart Olanzapine, CH</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Lanzek, EL</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Olanzapine-DRLA, RZ</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Olanzapine-GA, GM</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Olanzapine-PS, FZ</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Olanzapine RBX, RA</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Olanzapine Sandoz, SZ</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Ozin 7.5, DO</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Terry White Chemists Olanzapine, TW</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Zylap 7.5, QA</i> – Olanzapine , Tablet 7.5 mg
8186W	<i>Zypine, AF</i> – Olanzapine , Tablet 7.5 mg
8187X	<i>APO-Olanzapine, TX</i> – Olanzapine , Tablet 10 mg
8187X	<i>Chem mart Olanzapine, CH</i> – Olanzapine , Tablet 10 mg
8187X	<i>Lanzek, EL</i> – Olanzapine , Tablet 10 mg
8187X	<i>Olanzapine-DRLA, RZ</i> – Olanzapine , Tablet 10 mg
8187X	<i>Olanzapine-GA, GM</i> – Olanzapine , Tablet 10 mg
8187X	<i>Olanzapine-PS, FZ</i> – Olanzapine , Tablet 10 mg
8187X	<i>Olanzapine RBX, RA</i> – Olanzapine , Tablet 10 mg
8187X	<i>Olanzapine Sandoz, SZ</i> – Olanzapine , Tablet 10 mg
8187X	<i>Ozin 10, DO</i> – Olanzapine , Tablet 10 mg
8187X	<i>Terry White Chemists Olanzapine, TW</i> – Olanzapine , Tablet 10 mg
8187X	<i>Zylap 10, QA</i> – Olanzapine , Tablet 10 mg
8187X	<i>Zypine, AF</i> – Olanzapine , Tablet 10 mg
8433W	<i>Lanzek Zydys, EL</i> – Olanzapine , Wafer 5 mg
8433W	<i>Zypine ODT, AF</i> – Olanzapine , Wafer 5 mg
8434X	<i>Lanzek Zydys, EL</i> – Olanzapine , Wafer 10 mg
8434X	<i>Zypine ODT, AF</i> – Olanzapine , Wafer 10 mg
1594X	<i>Ondansetron Tabs Pfizer, FZ</i> – Ondansetron , Tablet 4 mg (as hydrochloride dihydrate)
1595Y	<i>Ondansetron Tabs Pfizer, FZ</i> – Ondansetron , Tablet 8 mg (as hydrochloride dihydrate)
8449Q	<i>Indopril Combi 4/1.25, QA</i> – Perindopril with Indapamide Hemihydrate , Tablet containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate
1479W	<i>APO-Prazosin, TX</i> – Prazosin , Tablet 1 mg (as hydrochloride)
1479W	<i>Chem mart Prazosin, CH</i> – Prazosin , Tablet 1 mg (as hydrochloride)
1479W	<i>Terry White Chemists Prazosin, TW</i> – Prazosin , Tablet 1 mg (as hydrochloride)
1480X	<i>APO-Prazosin, TX</i> – Prazosin , Tablet 2 mg (as hydrochloride)
1480X	<i>Chem mart Prazosin, CH</i> – Prazosin , Tablet 2 mg (as hydrochloride)
1480X	<i>Terry White Chemists Prazosin, TW</i> – Prazosin , Tablet 2 mg (as hydrochloride)
1478T	<i>APO-Prazosin, TX</i> – Prazosin , Tablet 5 mg (as hydrochloride)
1478T	<i>Chem mart Prazosin, CH</i> – Prazosin , Tablet 5 mg (as hydrochloride)
1478T	<i>Terry White Chemists Prazosin, TW</i> – Prazosin , Tablet 5 mg (as hydrochloride)
8456C	<i>APO-Quetiapine, TX</i> – Quetiapine , Tablet 25 mg (as fumarate)
8456C	<i>Chem mart Quetiapine, CH</i> – Quetiapine , Tablet 25 mg (as fumarate)
8456C	<i>Delucon 25, DO</i> – Quetiapine , Tablet 25 mg (as fumarate)

8456C *Quetiaccord, WQ* – **Quetiapine**, Tablet 25 mg (as fumarate)

8456C *Quetiapine Actavis 25, TA* – **Quetiapine**, Tablet 25 mg (as fumarate)

8456C *Quetiapine-DRLA, RZ* – **Quetiapine**, Tablet 25 mg (as fumarate)

8456C *Quetiapine GH 25, GQ* – **Quetiapine**, Tablet 25 mg (as fumarate)

8456C *Quetiapine Pfizer, FZ* – **Quetiapine**, Tablet 25 mg (as fumarate)

8456C *Quetiapine RBX, RA* – **Quetiapine**, Tablet 25 mg (as fumarate)

8456C *Quetiapine Sandoz, SZ* – **Quetiapine**, Tablet 25 mg (as fumarate)

8456C *Quipine, GM* – **Quetiapine**, Tablet 25 mg (as fumarate)

8456C *Sequase, PM* – **Quetiapine**, Tablet 25 mg (as fumarate)

8456C *Terry White Chemists Quetiapine, TW* – **Quetiapine**, Tablet 25 mg (as fumarate)

8457D *APO-Quetiapine, TX* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Chem mart Quetiapine, CH* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Delucon 100, DO* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Quetiaccord, WQ* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Quetiapine Actavis 100, TA* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Quetiapine-DRLA, RZ* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Quetiapine Pfizer, FZ* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Quetiapine GH 100, GQ* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Quetiapine RBX, RA* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Quetiapine Sandoz, SZ* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Quipine, GM* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Sequase, PM* – **Quetiapine**, Tablet 100 mg (as fumarate)

8457D *Terry White Chemists Quetiapine, TW* – **Quetiapine**, Tablet 100 mg (as fumarate)

8458E *APO-Quetiapine, TX* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Chem mart Quetiapine, CH* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Delucon 200, DO* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Quetiaccord, WQ* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Quetiapine Actavis 200, TA* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Quetiapine-DRLA, RZ* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Quetiapine GH 200, GQ* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Quetiapine Pfizer, FZ* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Quetiapine RBX, RA* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Quetiapine Sandoz, SZ* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Quipine, GM* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Sequase, PM* – **Quetiapine**, Tablet 200 mg (as fumarate)

8458E *Terry White Chemists Quetiapine, TW* – **Quetiapine**, Tablet 200 mg (as fumarate)

8580N *APO-Quetiapine, TX* – **Quetiapine**, Tablet 300 mg (as fumarate)

8580N *Chem mart Quetiapine, CH* – **Quetiapine**, Tablet 300 mg (as fumarate)

8580N *Delucon 300, DO* – **Quetiapine**, Tablet 300 mg (as fumarate)

8580N *Quetiaccord, WQ* – **Quetiapine**, Tablet 300 mg (as fumarate)

8580N *Quetiapine Actavis 300, TA* – **Quetiapine**, Tablet 300 mg (as fumarate)

8580N *Quetiapine-DRLA, RZ* – **Quetiapine**, Tablet 300 mg (as fumarate)

8580N *Quetiapine GH 300, GQ* – **Quetiapine**, Tablet 300 mg (as fumarate)

8580N	<i>Quetiapine Pfizer, FZ</i> – Quetiapine , Tablet 300 mg (as fumarate)
8580N	<i>Quetiapine RBX, RA</i> – Quetiapine , Tablet 300 mg (as fumarate)
8580N	<i>Quetiapine Sandoz, SZ</i> – Quetiapine , Tablet 300 mg (as fumarate)
8580N	<i>Quipine, GM</i> – Quetiapine , Tablet 300 mg (as fumarate)
8580N	<i>Sequase, PM</i> – Quetiapine , Tablet 300 mg (as fumarate)
8580N	<i>Terry White Chemists Quetiapine, TW</i> – Quetiapine , Tablet 300 mg (as fumarate)
1968N	<i>Acquin Aspen 5, AS</i> – Quinapril , Tablet 5 mg (as hydrochloride)
1969P	<i>Acquin Aspen 10, AS</i> – Quinapril , Tablet 10 mg (as hydrochloride)
1970Q	<i>Acquin Aspen 20, AS</i> – Quinapril , Tablet 20 mg (as hydrochloride)
8470T	<i>APO-Ramipril, TX</i> – Ramipril , Capsule 10 mg
8470T	<i>Chem mart Ramipril, CH</i> – Ramipril , Capsule 10 mg
8470T	<i>Terry White Chemists Ramipril, TW</i> – Ramipril , Capsule 10 mg
2236Q	<i>Sertraline Pfizer, FZ</i> – Sertraline , Tablet 50 mg (as hydrochloride)
8836C	<i>Sertraline Pfizer, FZ</i> – Sertraline , Tablet 50 mg (as hydrochloride)
2237R	<i>Sertraline Pfizer, FZ</i> – Sertraline , Tablet 100 mg (as hydrochloride)
8837D	<i>Sertraline Pfizer, FZ</i> – Sertraline , Tablet 100 mg (as hydrochloride)
5480K	<i>Valaciclovir Actavis 500, TA</i> – Valaciclovir , Tablet 500 mg (as hydrochloride)
8064K	<i>Valaciclovir Actavis 500, TA</i> – Valaciclovir , Tablet 500 mg (as hydrochloride)
8134D	<i>Valaciclovir Actavis 500, TA</i> – Valaciclovir , Tablet 500 mg (as hydrochloride)
8301X	<i>APO-Venlafaxine XR, TX</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8301X	<i>Chem mart Venlafaxine XR, CH</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8301X	<i>Elaxine SR 75, ZP</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8301X	<i>Enlafax-XR, AF</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8301X	<i>Venlafaxine generichealth XR, GQ</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8301X	<i>Terry White Chemists Venlafaxine XR, TW</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8301X	<i>Venlafaxine Sandoz XR, SZ</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8301X	<i>Venla RBX, RA</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8301X	<i>Venlexor XR, GM</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8868R	<i>Elaxine SR 37.5, ZP</i> – Venlafaxine Hydrochloride , Capsule 37.5 mg (base) (modified release)
8868R	<i>Venla RBX, RA</i> – Venlafaxine Hydrochloride , Capsule 37.5 mg (base) (modified release)
8302Y	<i>APO-Venlafaxine XR, TX</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)
8302Y	<i>Chem mart Venlafaxine XR, CH</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)
8302Y	<i>Elaxine SR 150, ZP</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)
8302Y	<i>Enlafax-XR, AF</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)
8302Y	<i>Terry White Chemists Venlafaxine XR, TW</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)
8302Y	<i>Venlafaxine generichealth XR, GQ</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)
8302Y	<i>Venlafaxine Sandoz XR, SZ</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)
8302Y	<i>Venla RBX, RA</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)
8302Y	<i>Venlexor XR, GM</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)

Addition – Equivalence Indicator

8179L	<i>Arimidex, AP</i> – Anastrozole , Tablet 1 mg
8717T	<i>Abilify, BQ</i> – Aripiprazole , Tablet 10 mg
8718W	<i>Abilify, BQ</i> – Aripiprazole , Tablet 15 mg

8719X	<i>Abilify, BQ</i> – Aripiprazole , Tablet 20 mg
8720Y	<i>Abilify, BQ</i> – Aripiprazole , Tablet 30 mg
8213G	<i>Lipitor, PF</i> – Atorvastatin , Tablet 10 mg (as calcium)
8214H	<i>Lipitor, PF</i> – Atorvastatin , Tablet 20 mg (as calcium)
8215J	<i>Lipitor, PF</i> – Atorvastatin , Tablet 40 mg (as calcium)
8521L	<i>Lipitor, PF</i> – Atorvastatin , Tablet 80 mg (as calcium)
9230T	<i>Lipitor, PF</i> – Atorvastatin , Tablet 10 mg (as calcium)
9231W	<i>Lipitor, PF</i> – Atorvastatin , Tablet 20 mg (as calcium)
9232X	<i>Lipitor, PF</i> – Atorvastatin , Tablet 40 mg (as calcium)
9233Y	<i>Lipitor, PF</i> – Atorvastatin , Tablet 80 mg (as calcium)
8245Y	<i>Femara 2.5 mg, NV</i> – Letrozole , Tablet 2.5 mg
8649F	<i>CellCept, RO</i> – Mycophenolate Mofetil , Capsule 250 mg
8650G	<i>CellCept, RO</i> – Mycophenolate Mofetil , Tablet 500 mg
8170B	<i>Zyprexa, LY</i> – Olanzapine , Tablet 2.5 mg
8185T	<i>Zyprexa, LY</i> – Olanzapine , Tablet 5 mg
8186W	<i>Zyprexa, LY</i> – Olanzapine , Tablet 7.5 mg
8187X	<i>Zyprexa, LY</i> – Olanzapine , Tablet 10 mg
8433W	<i>Zyprexa Zydys, LY</i> – Olanzapine , Wafer 5 mg
8434X	<i>Zyprexa Zydys, LY</i> – Olanzapine , Wafer 10 mg
8952E	<i>Zyprexa Zydys, LY</i> – Olanzapine , Wafer 15 mg
8953F	<i>Zyprexa Zydys, LY</i> – Olanzapine , Wafer 20 mg
1479W	<i>Minipress, PF</i> – Prazosin , Tablet 1 mg (as hydrochloride)
1480X	<i>Minipress, PF</i> – Prazosin , Tablet 2 mg (as hydrochloride)
1478T	<i>Minipress, PF</i> – Prazosin , Tablet 5 mg (as hydrochloride)
8456C	<i>Seroquel, AP</i> – Quetiapine , Tablet 25 mg (as fumarate)
8457D	<i>Seroquel, AP</i> – Quetiapine , Tablet 100 mg (as fumarate)
8458E	<i>Seroquel, AP</i> – Quetiapine , Tablet 200 mg (as fumarate)
8580N	<i>Seroquel, AP</i> – Quetiapine , Tablet 300 mg (as fumarate)
8301X	<i>Efexor-XR, PF</i> – Venlafaxine Hydrochloride , Capsule 75 mg (base) (modified release)
8302Y	<i>Efexor-XR, PF</i> – Venlafaxine Hydrochloride , Capsule 150 mg (base) (modified release)
8868R	<i>Efexor-XR, PF</i> – Venlafaxine Hydrochloride , Capsule 37.5 mg (base) (modified release)

Addition – Therapeutic Group Premium Exemption Code

A therapeutic group premium applies to Candesartan Cilexetil, tablet 8 mg (Atacand), tablet 16 mg (Atacand), tablet 32 mg (Atacand), Eprosartan, tablet 400 mg (base) (Teveten), tablet 600 mg (base) (Teveten), Olmesartan Medoxomil, tablet 20 mg (Olmetec), tablet 40 mg (Olmetec), and Telmisartan, tablet 40 mg (Micardis), tablet 80 mg (Micardis).

The following codes have been added to provide for cases where an authority has been obtained that grants exemption from a therapeutic group premium:

5491B	Eprosartan Mesylate , Tablet 600 mg (base) (<i>Teveten</i>)
5492C	Olmesartan Medoxomil , Tablet 20 mg (<i>Olmetec</i>)
5493D	Olmesartan Medoxomil , Tablet 40 mg (<i>Olmetec</i>)
5494E	Telmisartan , Tablet 40 mg (<i>Micardis</i>)
5495F	Telmisartan , Tablet 80 mg (<i>Micardis</i>)

Deletions

Deletion – Item

3066J	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>Neocate</i>)
8443J	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>Neocate</i>)
5488W	Bortezomib , Powder for injection 3.5 mg (solvent required) (<i>Velcade</i>)*
5489X	Bortezomib , Powder for injection 3.5 mg (solvent required) (<i>Velcade</i>)*
9117W	Bortezomib , Powder for injection 3.5 mg (solvent required) (<i>Velcade</i>)*
9118X	Bortezomib , Powder for injection 3.5 mg (solvent required) (<i>Velcade</i>)*
9282M	Dasatinib , Tablet 20 mg (<i>Sprycel</i>)
9283N	Dasatinib , Tablet 50 mg (<i>Sprycel</i>)
9284P	Dasatinib , Tablet 70 mg (<i>Sprycel</i>)
9341P	Dasatinib , Tablet 100 mg (<i>Sprycel</i>)
8890X	Glucose Indicator—blood , Test strips, 50 (<i>Freestyle Papillon</i>)
9259H	Glucose Indicator—blood , Test strips, 50 (<i>Freestyle Papillon</i>)
9285Q	Nilotinib , Capsule 200 mg (as hydrochloride monohydrate) (<i>Tasigna</i>)
1745W	Oestradiol , Transdermal patches 8 mg (releasing approximately 100 micrograms per 24 hours), 8 (<i>Estraderm 100</i>)

*This drug is now available through the Efficient Funding of Chemotherapy Program

Deletion – Brand

1471K	<i>DBL Fluconazole, HH</i> – Fluconazole , Capsule 50 mg
1472L	<i>DBL Fluconazole, HH</i> – Fluconazole , Capsule 100 mg
1475P	<i>DBL Fluconazole, HH</i> – Fluconazole , Capsule 200 mg
1434L	<i>Fluohexal, HX</i> – Fluoxetine , Capsule 20 mg (as hydrochloride)
2824P	<i>Hospira Pty Limited, HH</i> – Gentamicin Sulfate , Injection 80 mg (base) in 2 mL
8313M	<i>Simvahexal, HX</i> – Simvastatin , Tablet 80 mg
9245N	<i>Simvahexal, HX</i> – Simvastatin , Tablet 80 mg

Deletion – Therapeutic Group Premium Exemption Code

Therapeutic group premium no longer applies to Nifedipine, Tablet 20 mg (controlled release) (*Adalat Oros 20mg*).

The following code was established to provide for cases where an authority has been obtained that grants exemption from the therapeutic group premium:

8938K	Nifedipine , Tablet 20 mg (controlled release) (<i>Adalat Oros 20mg</i>)
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Deletion – Equivalence Indicator

2824P	<i>Pfizer Australia Pty Ltd, PF</i> – Gentamicin Sulfate , Injection 80 mg (base) in 2 mL
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Alterations

Alteration – Brand Name

From:

5466Q *Neocate LCP+MCT, SB – Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids and Medium Chain Triglycerides*, Compound powder 400 g

To:

5466Q *Neocate Gold, SB – Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids and Medium Chain Triglycerides*, Compound powder 400 g

From:

5467R *Neocate LCP+MCT, SB – Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids and Medium Chain Triglycerides*, Compound powder 400 g

To:

5467R *Neocate Gold, SB – Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids and Medium Chain Triglycerides*, Compound powder 400 g

Alteration – Number of Repeats

		From	To
2688L	Azathioprine , Tablet 25 mg (<i>Azathioprine Sandoz, Imuran</i>)	2	5
2687K	Azathioprine , Tablet 50 mg (<i>Azamun, GenRx Azathioprine, Azapin, Azathioprine Sandoz, Imuran, Thioprine</i>)	2	5

Alteration – Maximum Quantity

		From	To
9171Q	Nilotinib , Capsule 200 mg (as hydrochloride monohydrate) (<i>Tasigna</i>)	112	120

Alteration – Restriction

5054B	Apixaban , Tablet 2.5 mg (<i>Eliquis</i>)
5061J	Apixaban , Tablet 2.5 mg (<i>Eliquis</i>)
5500L	Apixaban , Tablet 2.5 mg (<i>Eliquis</i>)
3425G	Certolizumab Pegol , Injection 200 mg in 1 mL single use pre-filled syringe (<i>Cimzia</i>)
2478K	Dasatinib , Tablet 20 mg (<i>Sprycel</i>)
2482P	Dasatinib , Tablet 50 mg (<i>Sprycel</i>)
2485T	Dasatinib , Tablet 70 mg (<i>Sprycel</i>)
9342Q	Dasatinib , Tablet 100 mg (<i>Sprycel</i>)
3428K	Golimumab , Injection 50 mg in 0.5 mL single use pre-filled syringe (<i>Simponi</i>)
3429L	Golimumab , Injection 50 mg in 0.5 mL single use pre-filled pen (<i>Simponi</i>)
9113P	Imatinib , Tablet 100 mg (as mesylate) (<i>Glivec</i>)
9114Q	Imatinib , Tablet 400 mg (as mesylate) (<i>Glivec</i>)
9171Q	Nilotinib , Capsule 200 mg (as hydrochloride monohydrate) (<i>Tasigna</i>)
8399C	Pantoprazole Sodium Sesquihydrate , Tablet (enteric coated), equivalent to 20 mg pantoprazole (<i>Somac, APO-Pantoprazole, Chem mart Pantoprazole, Terry White Chemists Pantoprazole, Pantoprazole Sandoz, Salpraz, Panto, Pantoloc, Ozpan, Pantoprazole-GA, Pantoprazole generichealth, Pantofast 20, Pantoprazole-PS</i>)

Alteration – Note

8737W	Adalimumab , Injection 40 mg in 0.8 mL pre-filled syringe (<i>Humira</i>)
8741C	Adalimumab , Injection 40 mg in 0.8 mL pre-filled syringe (<i>Humira</i>)
9099X	Adalimumab , Injection 40 mg in 0.8 mL pre-filled pen (<i>Humira</i>)
9100Y	Adalimumab , Injection 40 mg in 0.8 mL pre-filled pen (<i>Humira</i>)
2478K	Dasatinib , Tablet 20 mg (<i>Sprycel</i>)

2482P	Dasatinib , Tablet 50 mg (<i>Sprycel</i>)
2485T	Dasatinib , Tablet 70 mg (<i>Sprycel</i>)
9342Q	Dasatinib , Tablet 100 mg (<i>Sprycel</i>)
3425G	Certolizumab Pegol , Injection 200 mg in 1 mL single use pre-filled syringe (<i>Cimzia</i>)
9459W	Etanercept , Injection 50 mg in 1 mL single use auto-injector, 4 (<i>Enbrel</i>)
9460X	Etanercept , Injection 50 mg in 1 mL single use auto-injector, 4 (<i>Enbrel</i>)
9089J	Etanercept , Injections 50 mg in 1 mL single use pre-filled syringes, 4 (<i>Enbrel</i>)
9090K	Etanercept , Injections 50 mg in 1 mL single use pre-filled syringes, 4 (<i>Enbrel</i>)
8637N	Etanercept , Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL (<i>Enbrel</i>)
8638P	Etanercept , Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL (<i>Enbrel</i>)
3427J	Golimumab , Injection 50 mg in 0.5 mL single use pre-filled pen (<i>Simponi</i>)
3429L	Golimumab , Injection 50 mg in 0.5 mL single use pre-filled pen (<i>Simponi</i>)
3426H	Golimumab , Injection 50 mg in 0.5 mL single use pre-filled syringe (<i>Simponi</i>)
3428K	Golimumab , Injection 50 mg in 0.5 mL single use pre-filled syringe (<i>Simponi</i>)
9113P	Imatinib , Tablet 100 mg (as mesylate) (<i>Glivec</i>)
9114Q	Imatinib , Tablet 400 mg (as mesylate) (<i>Glivec</i>)
9171Q	Nilotinib , Capsule 200 mg (as hydrochloride monohydrate) (<i>Tasigna</i>)
8170B	Olanzapine , Tablet 2.5 mg (<i>Zyprexa</i> , <i>Olanzapine-DRLA</i> , <i>APO-Olanzapine</i> , <i>Chem mart Olanzapine</i> , <i>Terry White Chemists Olanzapine</i> , <i>Lanzek</i> , <i>Olanzapine-GA</i> , <i>Olanzapine-PS</i> , <i>Zypine</i> , <i>Ozin 2.5</i> , <i>Olanzapine RBX</i> , <i>Olanzapine Sandoz</i> , <i>Zylap 2.5</i>)
8185T	Olanzapine , Tablet 5 mg (<i>Zyprexa</i> , <i>Olanzapine-DRLA</i> , <i>APO-Olanzapine</i> , <i>Chem mart Olanzapine</i> , <i>Terry White Chemists Olanzapine</i> , <i>Lanzek</i> , <i>Olanzapine-GA</i> , <i>Olanzapine-PS</i> , <i>Zypine</i> , <i>Ozin 5</i> , <i>Olanzapine RBX</i> , <i>Olanzapine Sandoz</i> , <i>Zylap 5</i>)
8186W	Olanzapine , Tablet 7.5 mg (<i>Zyprexa</i> , <i>Olanzapine-DRLA</i> , <i>APO-Olanzapine</i> , <i>Chem mart Olanzapine</i> , <i>Terry White Chemists Olanzapine</i> , <i>Lanzek</i> , <i>Olanzapine-GA</i> , <i>Olanzapine-PS</i> , <i>Zypine</i> , <i>Ozin 7.5</i> , <i>Olanzapine RBX</i> , <i>Olanzapine Sandoz</i> , <i>Zylap 7.5</i>)
8187X	Olanzapine , Tablet 10 mg (<i>Zyprexa</i> , <i>Olanzapine-DRLA</i> , <i>APO-Olanzapine</i> , <i>Chem mart Olanzapine</i> , <i>Terry White Chemists Olanzapine</i> , <i>Lanzek</i> , <i>Olanzapine-GA</i> , <i>Olanzapine-PS</i> , <i>Zypine</i> , <i>Ozin 10</i> , <i>Olanzapine RBX</i> , <i>Olanzapine Sandoz</i> , <i>Zylap 10</i>)
8433W	Olanzapine , Wafer 5 mg (<i>Zyprexa Zydys</i> , <i>Lanzek Zydys</i> , <i>Zypine ODT</i>)
8434X	Olanzapine , Wafer 10 mg (<i>Zyprexa Zydys</i> , <i>Lanzek Zydys</i> , <i>Zypine ODT</i>)
8952E	Olanzapine , Wafer 15 mg (<i>Zyprexa Zydys</i>)
8953F	Olanzapine , Wafer 20 mg (<i>Zyprexa Zydys</i>)

Alteration – Manufacturer's Code

		From:	To:
9354H	<i>Clopidogrel Actavis</i> , TA – Clopidogrel , Tablet 75 mg (as besilate)	GQ	TA
8726G	<i>Copaxone</i> , CS – Glatiramer Acetate , Injection 20 mg in 1 mL single dose pre-filled syringe	SW	CS

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Additions

Addition – Item

1129K	Nevirapine , Tablet 400 mg (extended release) (<i>Viramune XR</i>) (Private)
1132N	Nevirapine , Tablet 400 mg (extended release) (<i>Viramune XR</i>) (Public)
1170N	Rilpivirine , Tablet 25 mg (as hydrochloride) (<i>Edurant</i>) (Private)
1173R	Rilpivirine , Tablet 25 mg (as hydrochloride) (<i>Edurant</i>) (Public)
1304P	Tadalafil , Tablet 20 mg (<i>Adcirca</i>) (Private)
1308W	Tadalafil , Tablet 20 mg (<i>Adcirca</i>) (Public)

Addition – Brand

6208R	<i>APO-Mycophenolate, TX</i> – Mycophenolate Mofetil , Capsule 250 mg (Private)
6208R	<i>Ceptolate, AF</i> – Mycophenolate Mofetil , Capsule 250 mg (Private)
6208R	<i>Imulate, QA</i> – Mycophenolate Mofetil , Capsule 250 mg (Private)
6208R	<i>Mycophenolate Sandoz, SZ</i> – Mycophenolate Mofetil , Capsule 250 mg (Private)
9501C	<i>APO-Mycophenolate, TX</i> – Mycophenolate Mofetil , Capsule 250 mg (Public)
9501C	<i>Ceptolate, AF</i> – Mycophenolate Mofetil , Capsule 250 mg (Public)
9501C	<i>Imulate, QA</i> – Mycophenolate Mofetil , Capsule 250 mg (Public)
9501C	<i>Mycophenolate Sandoz, SZ</i> – Mycophenolate Mofetil , Capsule 250 mg (Public)
6209T	<i>APO-Mycophenolate, TX</i> – Mycophenolate Mofetil , Tablet 500 mg (Private)
6209T	<i>Ceptolate, AF</i> – Mycophenolate Mofetil , Tablet 500 mg (Private)
6209T	<i>Imulate, QA</i> – Mycophenolate Mofetil , Tablet 500 mg (Private)
6209T	<i>Mycophenolate Sandoz, SZ</i> – Mycophenolate Mofetil , Tablet 500 mg (Private)
9502D	<i>APO-Mycophenolate, TX</i> – Mycophenolate Mofetil , Tablet 500 mg (Public)
9502D	<i>Imulate, QA</i> – Mycophenolate Mofetil , Tablet 500 mg (Public)
9502D	<i>Mycophenolate Sandoz, SZ</i> – Mycophenolate Mofetil , Tablet 500 mg (Public)
9502D	<i>Ceptolate, AF</i> – Mycophenolate Mofetil , Tablet 500 mg (Public)

Addition – Equivalence Indicator

9501C	<i>CellCept, RO</i> – Mycophenolate Mofetil , Capsule 250 mg (Public)
6208R	<i>CellCept, RO</i> – Mycophenolate Mofetil , Capsule 250 mg (Private)
9502D	<i>CellCept, RO</i> – Mycophenolate Mofetil , Tablet 500 mg (Public)
6209T	<i>CellCept, RO</i> – Mycophenolate Mofetil , Tablet 500 mg (Private)

Deletions

Deletion – Item

5731P	Epoprostenol Sodium , Powder for I.V. infusion 500 micrograms (base) with diluent <i>(Flolan)</i> (Public)
6477X	Epoprostenol Sodium , Powder for I.V. infusion 500 micrograms (base) with diluent <i>(Flolan)</i> (Private)
5732Q	Epoprostenol Sodium , Powder for I.V. infusion 1.5 mg (base) with diluent <i>(Flolan)</i> (Public)
6478Y	Epoprostenol Sodium , Powder for I.V. infusion 1.5 mg (base) with diluent <i>(Flolan)</i> (Private)

Alterations

Alteration – Restriction

5607D	Ambrisentan , Tablet 5 mg <i>(Volibris)</i> (Public)
9648T	Ambrisentan , Tablet 5 mg <i>(Volibris)</i> (Private)
5608E	Ambrisentan , Tablet 10 mg <i>(Volibris)</i> (Public)
9649W	Ambrisentan , Tablet 10 mg <i>(Volibris)</i> (Private)
5618Q	Bosentan Monohydrate , Tablet 62.5 mg (base) <i>(Tracleer)</i> (Public)
6429J	Bosentan Monohydrate , Tablet 62.5 mg (base) <i>(Tracleer)</i> (Private)
5619R	Bosentan Monohydrate , Tablet 125 mg (base) <i>(Tracleer)</i> (Public)
6430K	Bosentan Monohydrate , Tablet 125 mg (base) <i>(Tracleer)</i> (Private)
5030R	Epoprostenol Sodium , Powder for I.V. infusion 500 micrograms (base) infusion administration set <i>(Flolan Kit)</i> (Public)
5036C	Epoprostenol Sodium , Powder for I.V. infusion 500 micrograms (base) infusion administration set <i>(Flolan Kit)</i> (Private)

5035B	Epoprostenol Sodium , Powder for I.V. infusion 1.5 mg (base) infusion administration set (<i>Flolan Kit</i>)(Public)
5042J	Epoprostenol Sodium , Powder for I.V. infusion 1.5 mg (base) infusion administration set (<i>Flolan Kit</i>)(Private)
5751Q	Iloprost Trometamol , Solution for inhalation 20 micrograms (base) in 2 mL (<i>Ventavis</i>)(Public)
6456T	Iloprost Trometamol , Solution for inhalation 20 micrograms (base) in 2 mL (<i>Ventavis</i>)(Private)
9547L	Sildenafil Citrate , Tablet 20 mg (base) (<i>Revatio</i>)(Public)
9605M	Sildenafil Citrate , Tablet 20 mg (base) (<i>Revatio</i>)(Private)
9657G	Tocilizumab , Concentrate for injection 80 mg in 4 mL (<i>Actemra</i>)(Public)
9671B	Tocilizumab , Concentrate for injection 80 mg in 4 mL (<i>Actemra</i>)(Private)
9658H	Tocilizumab , Concentrate for injection 200 mg in 10 mL (<i>Actemra</i>)(Public)
9672C	Tocilizumab , Concentrate for injection 200 mg in 10 mL (<i>Actemra</i>)(Private)
9659J	Tocilizumab , Concentrate for injection 400 mg in 20 mL (<i>Actemra</i>)(Public)
9673D	Tocilizumab , Concentrate for injection 400 mg in 20 mL (<i>Actemra</i>)(Private)

Alteration – Note

5605B	Abatacept , Powder for I.V. infusion 250 mg (<i>Orencia</i>) (Public)
9621J	Abatacept , Powder for I.V. infusion 250 mg (<i>Orencia</i>) (Private)
5607D	Ambrisentan , Tablet 5 mg (<i>Volibris</i>) (Public)
9648T	Ambrisentan , Tablet 5 mg (<i>Volibris</i>) (Private)
5608E	Ambrisentan , Tablet 10 mg (<i>Volibris</i>) (Public)
9649W	Ambrisentan , Tablet 10 mg (<i>Volibris</i>) (Private)
5618Q	Bosentan Monohydrate , Tablet 62.5 mg (base) (<i>Tracleer</i>) (Public)
6429J	Bosentan Monohydrate , Tablet 62.5 mg (base) (<i>Tracleer</i>) (Private)
5619R	Bosentan Monohydrate , Tablet 125 mg (base) (<i>Tracleer</i>) (Public)
6430K	Bosentan Monohydrate , Tablet 125 mg (base) (<i>Tracleer</i>) (Private)
5030R	Epoprostenol Sodium , Powder for I.V. infusion 500 micrograms (base) infusion administration set (<i>Flolan Kit</i>) (Public)
5036C	Epoprostenol Sodium , Powder for I.V. infusion 500 micrograms (base) infusion administration set (<i>Flolan Kit</i>) (Private)
5035B	Epoprostenol Sodium , Powder for I.V. infusion 1.5 mg (base) infusion administration set (<i>Flolan Kit</i>) (Public)
5042J	Epoprostenol Sodium , Powder for I.V. infusion 1.5 mg (base) infusion administration set (<i>Flolan Kit</i>) (Private)
5751Q	Iloprost Trometamol , Solution for inhalation 20 micrograms (base) in 2 mL (<i>Ventavis</i>) (Public)
6456T	Iloprost Trometamol , Solution for inhalation 20 micrograms (base) in 2 mL (<i>Ventavis</i>) (Private)
5757B	Infliximab , Powder for I.V. infusion 100 mg (<i>Remicade</i>) (Public)
6397Q	Infliximab , Powder for I.V. infusion 100 mg (<i>Remicade</i>) (Private)
9611W	Rituximab , Solution for I.V. infusion 500 mg in 50 mL (<i>Mabthera</i>) (Private)
9544H	Rituximab , Solution for I.V. infusion 500 mg in 50 mL (<i>Mabthera</i>) (Public)
9547L	Sildenafil Citrate , Tablet 20 mg (base) (<i>Revatio</i>) (Public)
9605M	Sildenafil Citrate , Tablet 20 mg (base) (<i>Revatio</i>) (Private)
9657G	Tocilizumab , Concentrate for injection 80 mg in 4 mL (<i>Actemra</i>) (Public)
9671B	Tocilizumab , Concentrate for injection 80 mg in 4 mL (<i>Actemra</i>) (Private)
9658H	Tocilizumab , Concentrate for injection 200 mg in 10 mL (<i>Actemra</i>) (Public)
9672C	Tocilizumab , Concentrate for injection 200 mg in 10 mL (<i>Actemra</i>) (Private)
9659J	Tocilizumab , Concentrate for injection 400 mg in 20 mL (<i>Actemra</i>) (Public)
9673D	Tocilizumab , Concentrate for injection 400 mg in 20 mL (<i>Actemra</i>) (Private)

SECTION 100 – BOTULINUM TOXIN PROGRAM

Additions

Addition – Item

1152P **Clostridium Botulinum Type A Toxin—haemagglutinin Complex**, Lyophilised powder for I.M. injection 300 units (*Dysport*)

Alterations

Alteration – Restriction

6103F **Botulinum Toxin Type A Purified Neurotoxin Complex**, Lyophilised powder for injection 100 units (*Botox*)

6293F **Clostridium Botulinum Type A Toxin—haemagglutinin Complex**, Lyophilised powder for I.M. injection 500 units (*Dysport*)

Advance Notices

Advance Notices – Deletion of Item

The following items will be deleted from the Schedule of Pharmaceutical Benefits on 1 May 2012:
Items discontinued by the manufacturer—

1658G **Naproxen**, Oral suspension 125 mg per 5 mL, 474 mL (*Naprosyn*)

5398D **Naproxen**, Oral suspension 125 mg per 5 mL, 474 mL (*Naprosyn*)(**Palliative Care**)

5397C **Naproxen**, Oral suspension 125 mg per 5 mL, 474 mL (*Naprosyn*)(**Palliative Care**)

The following Items will be deleted from the Schedule of Pharmaceutical Benefits on 1 June 2012:
Items discontinued by the manufacturer—

1878W **Amoxycillin**, Sachet containing oral powder 3 g (*Amoxil*)

3309E **Amoxycillin**, Sachet containing oral powder 3 g (*Amoxil*)(**Dental**)

Advance Notices – Deletion of Brand

The following brand will be deleted from the Schedule of Pharmaceutical Benefits on 1 May 2012:
Brand discontinued by the manufacturer—

8226Y *Pfizer Australia Pty Ltd, PF* – **Ondansetron**, I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL

1596B *Pfizer Australia Pty Ltd, PF* – **Ondansetron**, I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL

8227B *Pfizer Australia Pty Ltd, PF* – **Ondansetron**, I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL

1597C *Pfizer Australia Pty Ltd, PF* – **Ondansetron**, I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL

Addresses — Medicare Australia

Medicare Australia has responsibility for the operational aspects of the Pharmaceutical Benefits Scheme (PBS). This responsibility covers the processing of pharmaceutical benefit and safety net claims, authority applications and supply of PBS stationery used by medical practitioners, participating dental practitioners and approved pharmacists.

Procedures for ordering prescription forms are set out in the Introduction of this Schedule.

New South Wales and Australian Capital Territory

Pharmaceutical Benefits Branch

130 George Street

Parramatta NSW 2150

General and IME enquiries — Tel: 132 290

Orange Service Centre

189 Anson Street

Orange NSW 2800

General and IME enquiries — Tel: 132 290

Western Australia

Pharmaceutical Benefits Branch

Level 5, Work Distribution Centre,

(Reception on Level 4)

130 Stirling Street

Northbridge WA 6003

General and IME enquiries — Tel: 132 290

South Australia and Northern Territory

Pharmaceutical Services Branch

209 Greenhill Road

Eastwood SA 5063

General and IME enquiries — Tel: 132 290

Victoria

Pharmaceutical Branch

Level 10

595 Collins Street

Melbourne Vic 3000

General and IME enquiries — Tel: 132 290

Tasmania

Pharmaceutical Branch

199 Collins Street

Hobart Tas 7000

General and IME enquiries — Tel: 132 290

Queensland

Pharmaceutical Services Branch

143 Turbot Street

Brisbane Qld 4000

General and IME enquiries — Tel: 132 290

National Program Management

Pharmaceutical Benefits Branch

Medicare Australia

134 Reed Street

Tuggeranong ACT 2900

Telephone — (02) 6124 6333

Website — www.medicareaustralia.gov.au Email —

pbs@medicareaustralia.gov.au

Authority Prescription Applications

Authority required benefits fall into two categories – *Authority required* and *Authority required (STREAMLINED)*. The process in which an authority PBS prescription can be prescribed will depend on the type of Authority required benefit.

Prior approval is required for Authority required items as well as all requests for increased quantities and/or repeats for any category of PBS item.

Prior approval is not required for Authority required (STREAMLINED) items except if increased quantities and/or repeats are required (see Explanatory Notes for details).

Mail Applications:

REPLY PAID No. 9857
PBS Authorities Section
Medicare Australia
GPO Box 9857
In your Capital City

Telephone Applications:

Free call 1800 888 333
Australia-wide 24 hour service PBS Authorities Section

For telephone applications please have the following information available:

Patient:

Medicare Number
Surname
First name
Full residential address (including post code)

PBS Authority Prescription Number:

Top right hand side of the handwritten PBS Authority Form

Your Prescriber Number:

Located below your address block on the personalised forms

Drug Information:

PBS item
Quantity required and number of repeats
Daily dose
Disease or purpose information

Requests for Drugs via the Special Access Scheme (SAS)

Requests for individual patient approval to obtain drugs that are available only through the SAS may be directed to a delegate within the Drug Safety and Evaluation Branch, Therapeutic Goods Administration, telephone (02) 6232 8111, facsimile (02) 6232 8112, or by mail to PO Box 100 Woden ACT 2606.

Department of Veterans' Affairs

Details of the approving authority for the Department of Veterans' Affairs are listed at the front of the Repatriation Schedule of Pharmaceutical Benefits.

Telephone Interpreter Service

A 24-hour, seven days a week telephone service is available by contacting 131 450.

The translating service (TIS) can provide immediate assistance over the telephone or arrange for an interpreter to go to a location specified in either city or country areas. The TIS service has access to 2000 professional interpreters, covering over 100 languages and dialects.

Poisons Information Centres

Phone 131 126 from anywhere in Australia — 24 hours — form information and advice on the treatment of poisoning, bites and stings

NSW

The New Children's Hospital
Hawkesbury Road
Westmead NSW 2148
Tel: (02) 9845 3111

VIC

Austin Hospital
Studley Road
Heidelberg VIC 3084
Tel: (03) 9496 4410
www.austin.org.au/poisons

QLD

Pharmacy Department
Royal Children's Hospital
Herston QLD 4029
Tel: 131 126

WA

Sir Charles Gairdner Hospital
Hospital Avenue
Nedlands WA 6009
Tel: 131 126

TAS

Tel: 131 126

NT

Tel: 131 126

ACT

Tel: 131 126

Drug Information Centres

NSW

Drug Information Pharmacist
New South Wales Medicines Information
Centre
PO Box 766
Darlinghurst NSW 2010
Tel: (02) 8382 2136

OR

Drug Information Pharmacist
Hunter Drug Information Service
Newcastle Mater Misericordiae Hospital
Locked Bag 7
Hunter Regional Mail Centre NSW 2310
Tel: (02) 4921 1278
Tel: (02) 4921 1328

VIC

Drug Information Pharmacist
Austin & Repatriation Medical Centre
Studley Road
Heidelberg Vic 3084
Tel: (03) 9496 5668

OR

Drug Information Pharmacist
Drug Information Centre
Southern Health Care Network
Monash Medical Centre
246 Clayton Road
Clayton Vic 3168
Tel: (03) 9594 2361

QLD

Assistant Director of Pharmacy
Queensland Drug Information Ctr
Royal Brisbane Hospital
E Floor, Block 7
Herston Road
Herston Qld 4029
Tel: (07) 3636 7098
(07) 3636 7599

SA

Drug Information Pharmacist
Royal Adelaide Hospital
North Terrace
Adelaide SA 5000
Tel: (08) 8222 5546

OR

Drug Information Pharmacist
Flinders Medical Centre
Bedford Park SA 5042
Tel: (08) 8204 5301

OR

Drug Information Pharmacist
Queen Elizabeth Hospital
Woodville Road
Woodville SA 5011
Tel: (08) 8222 6777

WA

Drug Information Pharmacist
Sir Charles Gairdner Hospital
Hospital Avenue
Nedlands WA 6009
Tel: (08) 9346 2923

TAS

Drug Information Pharmacist
Royal Hobart Hospital
GPO Box 1061L
Hobart Tas 7001
Tel: (03) 6222 8737

NT

Drug Information Pharmacist
Royal Darwin Hospital
PO Box 41326
Casuarina NT 0811
Tel: (08) 8922 8424

ACT

Drug Information Pharmacist
Canberra Hospital
Yamba Drive
Garran ACT 2605
Tel: (02) 6244 3333

List of Contact Officers for Recalls of Therapeutic Goods

For details of consumer level recalls only — telephone 1800 020 512

These officers may be contacted —

- to obtain information about current recalls
- to report suspected problems relating to the quality, safety or efficacy of a therapeutic good

Australian Recall Coordinator

Mr Mick O'Connor

Bh 02 6232 8197

Mobile 0421 583 361

Fax 02 6203 1451

E-mail recalls@tga.gov.au

Australian Capital Territory

Mr Michael Conroy

Bh 02 6207 3974

Mobile 0418 182 375

Fax 02 6205 0997

E-mail pharmaceuticalservices@act.gov.au

MichaelJ.Conroy@act.gov.au

New South Wales

Mr B. Battye

Bh 02 9879 3214

Mobile 0401 712 050

Fax 02 9859 5165

E-mail bruce.battye@doh.health.nsw.gov.au

Ms J. Mackson

Bh 02 9879 3214

Mobile 0411 145 562

Fax 02 9859 5165

E-mail jmack@doh.health.nsw.gov.au

Victoria

Ms M. Smith

Bh 03 9096 5355

Bh 1300 364 545

Mobile 0408 598 663

Fax 1300 360 830

E-mail megan.l.smith@health.vic.gov.au

Mr M. McCrone

Bh 03 9096 5066

Bh 1300 364 545

Mobile 0408 581 312

Fax 1300 360 830

E-mail matthew.mccrone@health.vic.gov.au

Queensland

Mr C.J. Healey

Bh 07 3328 9310

Mobile 0403 053 090

Fax 07 3328 9354

E-mail chris_healey@health.qld.gov.au

Mr A. Hawkins

Bh 07 3328 9310

Mobile 0449 267 625

Fax 07 3228 9354

E-mail andrew_hawkins@health.qld.gov.au

South Australia

Mr S. Morris

Bh 08 8204 1940

Mobile 0431 657 090

Fax 08 8226 9837

E-mail steve.morris@health.sa.gov.au

Ms E. Hender

Bh 0418 747 833

Mobile 0431 657 090

Fax 08 8226 9837

E-mail elizabeth.hender@health.sa.gov.au

Western Australia

Mr Neil Keen

Bh 08 9222 6883

Mobile 0419 944 801

Fax 08 9222 2463

E-mail neil.keen@health.wa.gov.au

poisons@health.wa.gov.au

Tasmania

Ms M. Sharpe

Bh 03 6233 3766

Ah 03 6223 3476

Fax 03 6233 3904

E-mail mary.sharpe@dhhs.tas.gov.au

Mr J. Galloway

Bh 03 6233 2064

Ah 03 6223 7074

Fax 03 6233 3904

E-mail james.galloway@dhhs.tas.gov.au

Northern Territory

Ms Helgi Stone

Bh 08 8922 7035

Mobile 0429 091 636

Fax 08 8922 7200

E-mail Helgi.stone@nt.gov.au

Mr T. DeZilva

Bh 08 8922 7340

Mobile 0400 251 419

Fax 08 8922 7200

E-mail tyronne.dezilva@nt.gov.au

Index of Manufacturers' Codes

<i>Code</i>	<i>Manufacturer</i>
AB	Abbott Australasia Pty Ltd Sir Joseph Banks Corporate Park 32-34 Lord Street Botany NSW 2019 Tel: (02) 9384 9700 Fax: (02) 9384 9800
AC	Alberto Culver Company 14 Loyalty Road North Rocks NSW 2151 Tel: (02) 9630 5099 Fax: (02) 9683 5026
AE	AFT Pharmaceuticals Pty Ltd Level 1, 296 Burns Bay Road Lane Cove NSW 2066 Tel: 1800 097 639 Fax: 1800 097 810
AF	Alphapharm Pty Limited Level 1, 30 The Bond 30-34 Hickson Road Millers Point NSW 2000 Tel: (02) 9298 3999 Fax: (02) 9566 4686
AG	Allergan Australia Pty Ltd Level 4, 810 Pacific Highway Gordon NSW 2072 Tel: 1800 252 224 Fax: (02) 9498 0290
AL	Alphapharm Medical A Division of Alphapharm Pty Limited Level 1, 30 The Bond 30-34 Hickson Road Millers Point NSW 2000 Tel: (02) 9298 3999 Fax: (02) 9566 4686
AN	Amgen Australia Pty Ltd Level 7, 123 Epping Road North Ryde NSW 2113 Tel: (02) 9870 1333 Fax: (02) 9870 1344
AO	Advanced Medical Optics Australia Pty Ltd Level 3, Building 2 20 Bridge Street Pymble NSW 2073 Tel: 1800 266 111 Fax: 1800 266 222
AP	AstraZeneca Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700
AQ	Alcon Laboratories (Australia) Pty Ltd Allambie Grove Park 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: 1800 025 004 Fax: (02) 9452 5209

<i>Code</i>	<i>Manufacturer</i>
AS	Aspen Pharmacare Australia Pty Ltd First Floor, 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
AT	Actelion Pharmaceuticals Australia Pty Ltd Level 2 West, Suites 48-50 7 Narabang Way Belrose NSW 2085 Tel: (02) 9486 4600 Fax: (02) 9986 1344
AV	Aventis Pharma Division of Sanofi-Aventis Australia Pty Limited Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000
BB	Blackmores Ltd 23 Roseberry Street Balgowlah NSW 2093 Tel: (02) 9951 0111 Fax: (02) 9949 1954
BD	Biogen Idec Australia Pty Ltd Suite 2, Level 4 123 Epping Road North Ryde NSW 2113 Tel: (02) 8875 3900 Fax: (02) 9889 1162
BE	Beiersdorf Australia Limited 4 Khartoum Road North Ryde NSW 2113 Tel: (02) 9888 0977 Fax: (02) 9887 3487
BF	Bellwether Pharma Ltd Suite 1, Level 1 1175 Toorak Road Camberwell Vic 3124 Tel: (03) 9809 7900 Fax: (03) 9809 7999
BG	Biochemie Australia A Division of Sandoz Pty Ltd Level 2, 19 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
BI	Biotech Pharmaceuticals Pty Ltd 83 Cherry Lane Laverton North Vic 3026 Tel: (03) 9278 7555 Fax: (03) 9369 6730
BK	Becton Dickinson Pty Ltd 80 Rushdale Street Knoxfield Vic 3180 Tel: (03) 9764 2444 Fax: (03) 9764 2550
BN	Bayer Australia Limited 875 Pacific Highway Pymble NSW 2073 Tel: (02) 9391 6000 Fax: (02) 9988 3311

Index of Manufacturers' Codes

<i>Code</i>	<i>Manufacturer</i>
BQ	Bristol-Myers Squibb Pharmaceuticals A Division of Bristol-Myers Squibb Australia Pty Ltd 556 Princes Highway Noble Park Vic 3174 Tel: (03) 9213 4000 Fax: (03) 9701 1518
BR	B. Braun Australia Pty Ltd Norwest Business Park 17 Lexington Drive Bella Vista NSW 2153 Tel: (02) 9629 0200 Fax: (02) 9629 0299
BU	Bausch & Lomb Surgical A Division of Bausch & Lomb (Australia) Pty Ltd Level 4, 113 Wicks Road North Ryde NSW 2113 Tel: (02) 9887 1444 Fax: (02) 9888 9642
BV	B.S.N. 315 Ferntree Gully Road Mount Waverley Vic 3149 Tel: (03) 8540 6777 Fax: 1800 671 000
BX	Baxter Healthcare Pty Limited 1 Baxter Drive Old Toongabbie NSW 2146 Tel: (02) 9848 1111 Fax: (02) 9848 1123
BY	Boehringer Ingelheim Pty Limited 78 Waterloo Road North Ryde NSW 2113 Tel: (02) 8875 8800 Fax: (02) 8875 8801
BZ	Boucher & Muir Pty Ltd trading as BNM Group Level 1, 134 Willoughby Road Crows Nest NSW 2065 Tel: (02) 9431 6333 Fax: (02) 9906 7147
CC	ConvaTec A Division of Bristol-Myers Squibb Australia Pty Ltd 606 Hawthorn Road East Brighton Vic 3187 Tel: 1800 335 276 Fax: (03) 9525 0920
CH	Symbion Pty Ltd, trading as Chemmart Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
CJ	Celgene Pty Ltd Level 7, 607 St Kilda Road Melbourne Vic 3004 Tel: (03) 9539 5500 Fax: (03) 9539 5566

<i>Code</i>	<i>Manufacturer</i>
CR	Pharmacor Limited 5/36 Campbell Avenue Cromer NSW 2099 Tel: (02) 9981 4470 Fax: (02) 9981 4475
CS	CSL Limited 45 Poplar Road Parkville Vic 3052 Tel: (03) 9389 1911 Fax: (03) 9388 2351
CT	Coloplast Pty Ltd 33 Gilby Road Mount Waverley Vic 3149 Tel: 1800 673 317 Fax: (03) 9541 1199
CU	Care Pharmaceuticals Pty Ltd Suite 303, Level 3, 59-75 Grafton Street Bondi Junction NSW 2022 Tel: 1800 788 870 Fax:
CX	Contact Lens Centre Australia Pty Ltd Unit D6, Hallmark Business Park Cnr Westall and Centre Roads Clayton Vic 3168 Tel: (03) 9543 1811 Fax: (03) 9543 8066
DO	Aurobindo Pharma (Australia) Pty Ltd Unit 3, North Rydelink Business Park 277-283 Lane Cove Road Macquarie Park NSW 2113 Tel: (02) 9805 6000 Fax: (02) 9887 1191
DQ	Church & Dwight (Australia) Pty Ltd Unit 1/108 Old Pittwater Road Brookvale NSW 2100 Tel: 1800 222 099 Fax:
EH	Entra Health Systems Pty Ltd 12/60 Castlereagh Street Sydney NSW 2000 Tel: (02) 8005 4745 Fax: (02) 8088 7105
EL	Eli Lilly Australia Pty Limited 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4444 Fax: (02) 9325 4410
EO	Ego Pharmaceuticals Pty Ltd 21-31 Malcolm Road Braeside Vic 3195 Tel: (03) 9587 1088 Fax: (03) 9580 7647
FB	Pierre Fabre Medicament Australia Pty Limited Suite 3B, 1 Richardson Place North Ryde NSW 2113 Tel: (02) 8662 9800 Fax: (02) 8662 9888

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<i>Code</i>	<i>Manufacturer</i>
FK	Invida Australia Pty Ltd Level 8, 67 Albert Avenue Chatswood NSW 2067 Tel: (02) 9080 7200 Fax: (02) 9080 7201
FM	Fawns and McAllan Pty Ltd A member of Aspen Group of Companies 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2802
FP	Ferring Pharmaceuticals Pty Ltd Suite 2, Level 1, Building 1 Pymble Corporate Centre 20 Bridge Street Pymble NSW 2073 Tel: (02) 9497 2300 Fax: (02) 9497 2399
FR	Charles E. Frosst Division of Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 9595
FZ	Pfizer Established Products Division of Pfizer Australia Pty Ltd 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9850 3111
GA	Galderma Australia Pty Ltd Suite 4, 13B Narabang Way Belrose NSW 2085 Tel: (02) 9479 0600 Fax: (02) 9986 1699
GC	GlaxoSmithKline Consumer Healthcare 82 Hughes Avenue Ermington NSW 2115 Tel: (02) 9684 0888 Fax: (02) 9684 6958
GH	Goldshield Healthcare (Australia) Pty Ltd Level 1, 134 Willoughby Road Crows Nest NSW 2065 Tel: (02) 9431 6333 Fax: (02) 9906 7147
GI	Gilead Sciences Pty Ltd Level 1, 128 Jolimont Road East Melbourne Vic 3002 Tel: (03) 9272 4400 Fax: (03) 9272 4435
GK	GlaxoSmithKline Australia Pty Ltd Level 4, 436-438 Johnston Street Abbotsford Vic 3067 Tel: (03) 9413 7300 Fax: (03) 8761 2410

<i>Code</i>	<i>Manufacturer</i>
GM	Ascent Pharma Pty Ltd 151-153 Clarendon Street South Melbourne Vic 3205 Tel: 1800 678 302 Fax: (03) 8677 6666
GN	Ascent Pharmaceuticals Limited 151-153 Clarendon Street South Melbourne Vic 3205 Tel: 1800 678 302 Fax: (03) 8677 6666
GQ	Generic Health Pty Ltd Suite 1, Level 1 1175 Toorak Road Camberwell Vic 3124 Tel: (03) 9809 7900 Fax: (03) 9809 7999
GX	GenRx A Division of Apotex Pty Ltd 16 Giffnock Avenue Macquarie Park NSW 2113 Tel: (02) 8877 8333 Fax: (02) 8877 8377
GZ	Genzyme Australasia Pty Ltd Level 1, Building C 12-24 Talavera Road North Ryde NSW 2113 Tel: (02) 9978 3900 Fax: (02) 9889 3900
HA	Hamilton Laboratories Pty Ltd 217 Flinders Street Adelaide SA 5000 Tel: (08) 8223 2957 Fax: (08) 8232 1480
HC	Biotech Healthcare A division of Biotech Pharmaceuticals Pty Ltd 83 Cherry Lane Laverton North Vic 3026 Tel: (03) 9278 7555 Fax: (03) 9369 6730
HE	HealthSense Products Pty Ltd 87 Pitfield Crescent Rowville Vic 3178 Tel: 1300 462 188 Fax:
HH	Hospira Pty Ltd (David Bull Laboratories, Faulding Pharmaceuticals) Level 3, 500 Collins Street Melbourne Vic 3000 Tel: (03) 8744 5200 Fax: (03) 9866 3504
HL	Helex-A Pty Ltd 9/7 Anella Avenue Castle Hill NSW 2154 Tel: (02) 9846 1911 Fax: (02) 9846 1930

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<i>Code</i>	<i>Manufacturer</i>
HR	Paul Hartmann Pty Ltd 27-28/11-21 Underwood Road Homebush NSW 2140 Tel: 1800 805 839 Fax: (02) 8762 7100
HX	Hexal Australia A division of Sandoz Pty Ltd Level 2, 19 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
IA	iNova Pharmaceuticals (Australia) Pty Limited 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 9875 6333 Fax: (02) 9875 6416
IQ	loquin A Division of Alcon Laboratories (Australia) Pty Ltd Allambie Grove Park 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: 1800 025 004 Fax: (02) 9452 5209
IS	Ipsen Pty Ltd Suite 6, 40 Montclair Avenue Glen Waverley Vic 3150 Tel: (03) 8544 8100 Fax: (03) 9562 5152
IX	Clinect Pty Ltd Level 3, 484 St Kilda Road Melbourne VIC 3004 Tel: (03) 9918 5555 Fax: (03) 9918 5582
JC	Janssen-Cilag Pty Ltd 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 8875 3333 Fax: (02) 8875 3300
JJ	Johnson & Johnson Medical 1-5 Khartoum Road North Ryde NSW 2113 Tel: (02) 9878 9111 Fax: 1800 808 233
JT	Johnson & Johnson Pacific Pty Limited 45 Jones Street Ultimo NSW 2007 Tel: 13 1565 Fax: (02) 8260 8102
KE	Kendall Australasia Pty Ltd 22 Giffnock Avenue North Ryde NSW 2113 Tel: 1800 252 467 Fax: (02) 9888 7378
KN	Knoll A Division of Abbott Australasia Pty Ltd 32-34 Lord Street Botany NSW 2019 Tel: (02) 9384 9700 Fax: (02) 9384 9800

<i>Code</i>	<i>Manufacturer</i>
KP	KwikPen Products of Eli Lilly Australia Pty Limited 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4444 Fax: (02) 9325 4410
KY	Key Pharmaceuticals Pty Ltd 12 Lyonpark Road Macquarie Park NSW 2113 Tel: (02) 8113 6200 Fax: (02) 8113 6222
LB	Life Bioscience Pty Ltd 10 Atherton Road Oakleigh Vic 3166 Tel: 1800 114 610 Fax: (03) 8660 2785
LM	Link Medical Products Pty Ltd Unit 1, 5 Apollo Street Warriewood NSW 2102 Tel: (02) 8401 9777 Fax: (02) 8401 9786
LN	Lennon Healthcare A Division of Aspen Pharmacare Australia Pty Ltd First Floor 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
LO	LEO Pharma Pty Ltd Level 3, Tower 1 25 Montpelier Road Bowen Hills Qld 4006 Tel: (07) 3250 1200 Fax: (07) 3250 1299
LU	Lundbeck Australia Pty Ltd 1 Innovation Road North Ryde NSW 2113 Tel: (02) 8669 1000 Fax: (02) 8669 1090
LY	Eli Lilly Australia Pty Limited 112 Wharf Road West Ryde NSW 2114 Tel: (02) 9325 4444 Fax: (02) 9325 4410
MD	Macarthur Research Division of Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9981 3229
MF	Mundipharma Pty Ltd Level 33, 50 Bridge Street Sydney NSW 2000 Tel: (02) 9231 7200 Fax: (02) 9223 0011
MH	Molnlycke Health Care Pty Ltd Building 1, Ground Floor 14 Aquatic Drive Frenchs Forest NSW 2086 Tel: (02) 9453 1144 Fax: (02) 9453 1155

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<i>Code</i>	<i>Manufacturer</i>
MI	Meditech Int. Pty Ltd Unit 5, 36 Campbell Avenue Cromer NSW 2099 Tel: (02) 9981 4470 Fax: (02) 9981 4475
MK	Merck Sharp & Dohme (Australia) Pty Ltd 54-68 Ferndell Street South Granville NSW 2142 Tel: (02) 9795 9500 Fax: (02) 9795 9595
MM	3M Pharmaceuticals Australia Pty Ltd 9-15 Chilvers Road Thornleigh NSW 2120 Tel: (02) 9875 6333 Fax: (02) 9875 6416
MQ	Alphapharm Pharmaceuticals Level 1, 30 The Bond 30-34 Hickson Road Millers Point NSW 2000 Tel: (02) 9298 3999 Fax: (02) 9566 4686
MS	Abbott Diabetes Care (A Division of Abbott Australasia Pty Ltd) 666 Doncaster Road Doncaster Vic 3108 Tel: (03) 9843 7100 Fax: (03) 9855 8020
MT	Mentholatum Australasia Pty Ltd 12-16 Janine Street Scoresby Vic 3179 Tel: (03) 9763 0322 Fax: (03) 9763 2699
MW	Biomed Aust Pty Ltd c/- Robinson Legal Level 4, 350 Kent Street Sydney NSW 2000 Tel: (02) 9299 2100 Fax: (02) 9299 2201
NA	National Diagnostic Products 22/39 Herbert Street St Leonards NSW 2065 Tel: (02) 9432 8100 Fax: (02) 9432 1151
NC	Novartis Consumer Health Australasia Pty Ltd 327-333 Police Road Mulgrave Vic 3170 Tel: (03) 9701 2711 Fax: (03) 9701 2911
NE	Norgine Pty Limited 3/14 Rodborough Road Frenchs Forest NSW 2086 Tel: (02) 9972 7500 Fax: (02) 9972 7522

<i>Code</i>	<i>Manufacturer</i>
NF	FlexPen Products of Novo Nordisk Pharmaceuticals Pty Ltd Level 3, 21 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8858 3600 Fax: (02) 8858 3799
NH	Nycomed Healthcare Pty Limited 2 Lyon Park Road Macquarie Park North Ryde NSW 2113 Tel: (02) 9859 6900 Fax: (02) 9859 6950
NI	InnoLet Products of Novo Nordisk Pharmaceuticals Pty Ltd Level 3, 21 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8858 3600 Fax: (02) 8858 3799
NM	Novartis Medicines A Division of Novartis Pharmaceuticals Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9805 3555 Fax: (02) 9887 4551
NO	Novo Nordisk Pharmaceuticals Pty Ltd Level 3, 21 Solent Circuit Baulkham Hills NSW 2153 Tel: (02) 8858 3600 Fax: (02) 8858 3799
NQ	Nycomed Pty Ltd 2 Lyon Park Road Macquarie Park North Ryde NSW 2113 Tel: (02) 9859 6900 Fax: (02) 9859 6950
NT	Nestlé Australia Ltd 60 Bathurst Street Sydney NSW 2000 Tel: (02) 9931 2345 Fax: (02) 9931 2610
NU	Nutricia Australia Pty Limited Talavera Corporate Centre Level 4, Building D 12-24 Talavera Road North Ryde NSW 2113 Tel: (02) 8875 0300 Fax: (02) 8978 4841
NV	Novartis Pharmaceuticals Australia Pty Ltd 54 Waterloo Road North Ryde NSW 2113 Tel: (02) 9805 3555 Fax: (02) 9887 4551
NX	Nipro Australia Pty Ltd Suite 2, 20 Churchill Crescent Cammeray NSW 2062 Tel: 1800 451 737 Fax: (03) 9879 9945

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<i>Code</i>	<i>Manufacturer</i>
NZ	Nycomed Services Pty Limited 2 Lyon Park Road Macquarie Park North Ryde NSW 2113 Tel: (02) 9859 6900 Fax: (02) 9859 6950
OA	Orphan Australia Pty Ltd A member of Aspen Group of Companies First Floor, 34-36 Chandos Street St Leonards NSW 2065 Tel: (02) 8436 8300 Fax: (02) 9901 3540
OB	Oral B Laboratories Pty Ltd Level 3, 90 Mount Street North Sydney NSW 2060 Tel: (02) 9957 6499 Fax: (02) 9957 5383
OE	Omegapharm Pty Ltd 21 Queen Street Ormond Vic 3204 Tel: (03) 9483 0070 Fax: (03) 9483 0070
OI	Boian Surgical Pty Ltd 486 King Georges Road Beverly Hills NSW 2209 Tel: (02) 9580 7447 Fax: (02) 9580 7450
OL	Owen Laboratories Division of Galderma Australia Pty Ltd 9 Rodborough Road Frenchs Forest NSW 2086 Tel: 1800 800 765 Fax: (02) 9975 5374
OM	Colgate Oral Care 345 George Street Sydney NSW 2000 Tel: (02) 9229 5600 Fax: (02) 9232 8448
ON	Orion Laboratories Pty Ltd 25-29 Delawney Street Balcatta WA 6021 Tel: (08) 9441 7800 Fax: (08) 9441 7888
OY	Orion Laboratories Pty Ltd 25-29 Delawney Street Balcatta WA 6021 Tel: (08) 9441 7800 Fax: (08) 9441 7888
OZ	Medical Specialties Australia Pty Ltd 54 Gibbes Street Chatswood NSW 2067 Tel: (02) 9417 7955 Fax: (02) 9417 5779

<i>Code</i>	<i>Manufacturer</i>
PE	Pacific EyeCare A Division of Allergan Australia Pty Ltd Level 4, 810 Pacific Highway Gordon NSW 2072 Tel: 1800 252 224 Fax: (02) 9498 0290
PF	Pfizer Pty Limited 38-42 Wharf Road West Ryde NSW 2114 Tel: (02) 9850 3333 Fax: (02) 9858 1347
PK	Fresenius Kabi Australia Pty Limited 964 Pacific Highway Pymble NSW 2073 Tel: 1300 732 001 Fax: 1300 304 384
PL	Phebra 332 Burns Bay Road Lane Cove NSW 2066 Tel: (02) 9420 9199 Fax: (02) 9420 9177
PM	PMC Pharma A Division of AstraZeneca Pty Ltd Alma Road North Ryde NSW 2113 Tel: (02) 9978 3500 Fax: (02) 9978 3700
PP	Petrus Pharmaceuticals Pty Ltd Level 3, IBM Building 1060 Hay Street West Perth WA 6005 Tel: (08) 9368 5954 Fax: (08) 9368 6692
PQ	PMIP Pty Ltd Unit 1, 5 Apollo Street Warriewood NSW 2102 Tel: (02) 8401 9777 Fax: (02) 8401 9786
PX	Point of Care Diagnostics Australia Pty Ltd Unit 14, 76 Reserve Road Artarmon NSW 2064 Tel: (02) 9437 1355 Fax: (02) 9437 1399
PY	Procter & Gamble Pharmaceuticals Australia Pty Ltd 99 Phillip Street Parramatta NSW 2150 Tel: (02) 9685 4500 Fax: (02) 9685 4777
PZ	Prohealth Asia Pacific Pty Ltd Suite 108A, 20 Lexington Drive Bella Vista NSW 2153 Tel: 1300 024 784 Fax: 1300 008 463

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<i>Code</i>	<i>Manufacturer</i>
QA	Aspen Pharma Pty Ltd 96 Merrindale Drive Croydon Vic 3136 Tel: (03) 9839 2800 Fax: (03) 9839 2802
QB	Bionime Australia Pty Ltd Level 7, 60 York Street Sydney NSW 2000 Tel: (02) 9262 6900 Fax: (02) 9262 6922
QR	Ranbaxy Australia Pty Limited Suite 4.02, Level 4 Building D 12-24 Talavera Road North Ryde NSW 2113 Tel: (02) 9647 1172 Fax: (02) 9647 1172
RA	Ranbaxy Australia Pty Limited Suite 4.02, Level 4 Building D 12-24 Talavera Road North Ryde NSW 2113 Tel: (02) 9647 1172 Fax: (02) 9647 1172
RB	BioRevive Pty Ltd Level 1, 263 Mary Street Richmond Vic 3121 Tel: (03) 8416 0399 Fax: (03) 8416 0345
RC	Reckitt Benckiser (Australia) Pty Limited 44 Wharf Road West Ryde NSW 2114 Tel: (02) 9857 2000 Fax: (02) 9857 2004
RD	Roche Diagnostics Australia Pty Ltd 31 Victoria Avenue Castle Hill NSW 2154 Tel: (02) 9899 7999 Fax: (02) 9634 4696
RO	Roche Products Pty Ltd 4-10 Inman Road Dee Why NSW 2099 Tel: (02) 9454 9000 Fax: (02) 9971 7401
RX	Ardix A Division of Servier Laboratories (Australia) Pty Ltd 8 Cato Street Hawthorn Vic 3122 Tel: (03) 8823 7333 Fax: (03) 9822 9790
RZ	Dr Reddy's Laboratories (Australia) Pty Ltd Level 1, 181 Bay Street Brighton Vic 3186 Tel: (03) 9595 3812 Fax: (03) 9595 3800
SA	SciGen (Australia) Pty Ltd Suite 1, 13B Narabang Way Belrose NSW 2085 Tel: (02) 9485 1800 Fax: (02) 9485 1888

<i>Code</i>	<i>Manufacturer</i>
SB	Nutricia Australia - Clinical A division of Nutricia Australia Pty Limited Talavera Corporate Centre Level 4, Building D 12-24 Talavera Road North Ryde NSW 2113 Tel: (02) 8875 0300 Fax: (02) 8978 4841
SE	Servier Laboratories (Aust.) Pty Ltd 8 Cato Street Hawthorn Vic 3122 Tel: (03) 8823 7333 Fax: (03) 9822 9790
SG	Merck Serono Australia Pty Ltd Unit 3-4, 25 Frenchs Forest Road East Frenchs Forest NSW 2086 Tel: (02) 8977 4100 Fax: (02) 9975 1516
SI	Sigma Company Limited 1408 Centre Road Clayton Vic 3168 Tel: (03) 9542 9987 Fax: (03) 9542 9548
SJ	Sharpe Laboratories Pty Ltd 12 Hope Street Ermington NSW 2115 Tel: (02) 9858 5622 Fax: (02) 9858 5957
SN	Smith & Nephew Healthcare 315 Ferntree Gully Road Mount Waverley Vic 3149 Tel: (03) 8540 6777 Fax: 1800 671 000
SS	SSL Australia Pty Ltd 225 Beach Road Mordialloc Vic 3195 Tel: 1800 999 155 Fax: (03) 9587 6870
SW	Sanofi-Aventis Australia Pty Ltd Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000
SY	Bayer Australia Ltd 875 Pacific Highway Pymble NSW 2073 Tel: (02) 9391 6000 Fax: (02) 9988 3311
SZ	Sandoz Pty Ltd Level 2, 19 Harris Street Pyrmont NSW 2009 Tel: (02) 9566 1500 Fax: (02) 9566 1458
TA	Actavis Australia Pty Ltd Upper Ground Floor 183 Melbourne Street North Adelaide SA 5006 Tel: (08) 8267 1545 Fax: (08) 8267 2642

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<i>Code</i>	<i>Manufacturer</i>
TM	Technipro Marketing Pty Ltd Unit 10, 13 Berry Street Clyde NSW 2142 Tel: (02) 9897 5899 Fax: (02) 9897 5799
TS	Specialised Therapeutics Australia Pty Ltd Level 1, 711 High Street Kew East Vic 3102 Tel: 1300 798 820 Fax: 1800 798 829
TW	Symbion Pty Ltd, trading as Terry White Chemists Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
TX	Apotex Pty Ltd 16 Giffnock Avenue Macquarie Park NSW 2113 Tel: (02) 8877 8333 Fax: (02) 8877 8377
UC	UCB Pharma A Division of UCB Australia Pty Ltd Level 1, 1155 Malvern Road Malvern Vic 3144 Tel: (03) 9828 1800 Fax: (03) 9828 1860
UM	Unomedical Pty Ltd 11-17 Wilmette Place Mona Vale NSW 2103 Tel: (02) 9997 8033 Fax: (02) 9997 3760
VF	Vitaflo Australia Pty Ltd 110 Fyans Street South Geelong Vic 3220 Tel: (03) 5229 8222 Fax: (03) 5229 8225
VI	ViiV Healthcare Pty Ltd Level 4, 436-438 Johnston Street Abbotsford Vic 3067 Tel: (03) 9413 7300 Fax: (03) 8761 2456
VP	Meda Valeant Pharma Australia Pty Ltd Level 7, Suite 7.02 3 Rider Boulevard Rhodes NSW 2138 Tel: (02) 8757 5100 Fax: (02) 9743 4053
VT	Valeant Pharmaceuticals Australasia Pty Ltd Level 7, Suite 7.02 3 Rider Boulevard Rhodes NSW 2138 Tel: 1800 630 056 Fax: (02) 9743 4053

<i>Code</i>	<i>Manufacturer</i>
WA	Winthrop Pharmaceuticals Division of Sanofi-Aventis Australia Pty Limited Building D, Talavera Corporate Centre 12-24 Talavera Road Macquarie Park NSW 2113 Tel: (02) 8666 2000 Fax: (02) 8666 3000
WQ	Willow Pharmaceuticals Pty Limited Level 4, 5 Essex Street The Rocks NSW 2000 Tel: (02) 9241 2235 Fax: (02) 9241 2217
XF	Max Pharma Pty Ltd Suite 1, Level 1 1175 Toorak Road Camberwell Vic 3124 Tel: (03) 9809 7900 Fax: (03) 9809 7999
XP	Aaxis Pacific Pty Ltd 24-32 Forge Street Blacktown NSW 2148 Tel: (02) 9881 3333 Fax: (02) 9881 3322
XS	Symbion Pty Ltd Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
YM	Symbion Pty Ltd Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
YN	Mayne Pharma International Pty Ltd 1538 Main North Road Salisbury SA 5106 Tel: (08) 8209 2666 Fax: (08) 8281 6998
YS	Symbion Pty Ltd Level 3, 484 St Kilda Road Melbourne Vic 3004 Tel: (03) 9918 5555 Fax:
YT	Mayne Products Pty Ltd 1538 Main North Road Salisbury SA 5106 Tel: (08) 8209 2666 Fax: (08) 8281 6998
ZI	Shire Australia Pty Limited Level 9, Avaya House 123 Epping Road North Ryde NSW 2113 Tel: 1800 012 612 Fax: (02) 8875 7977

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<i>Code</i>	<i>Manufacturer</i>
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ZP	Spirit Pharmaceuticals Pty Ltd 117 Harrington Street The Rocks Sydney NSW 2000 Tel: (02) 9251 1088 Fax: (02) 9251 1099
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<i>Code</i>	<i>Manufacturer</i>
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Section 1 — Explanatory Notes

Introduction

These Explanatory Notes are provided to help PBS prescribers and pharmacists work within the Australian Government's Pharmaceutical Benefits Scheme (PBS).

The PBS is a system of subsidising the cost of most prescription medicines. The subsidies are available to all Australian residents and eligible foreign visitors, i.e., people from countries which have Reciprocal Health Care Agreements with Australia. These countries are the United Kingdom, Ireland, New Zealand, Malta, Italy, Sweden, the Netherlands, Finland, Norway, Belgium and Slovenia.

The aim of the PBS, which has been in operation since 1948, is to provide reliable and affordable access to a wide range of necessary medicines.

The Schedule of Pharmaceutical Benefits referred to throughout as the 'Schedule' – lists all the medicinal products available under the PBS, and explains the uses for which they can be subsidised.

The Schedule is produced monthly by the Australian Department of Health and Ageing (effective on the first day of each month).

It is vital therefore that PBS prescribers and pharmacists remain up to date with information on which medicines are included in or excluded from the Schedule, which PBS prescribers may prescribe certain medicines, whether restrictions apply to the medicines, and how much patients should pay.

Queries relating to the PBS can be made to the Pharmaceutical Benefits Branch of Medicare Australia (telephone 132 290 open 24 hours a day, 7 days a week). Queries relating to the Repatriation Pharmaceutical Benefits Scheme (RPBS) can be made to the State offices of the Department of Veterans' Affairs (DVA) (telephone 1800 552 580).

1. The Schedule — Where to Find What

The Schedule of Pharmaceutical Benefits is divided into sections. At the start of the Schedule, immediately after the table of contents, is a summary of any changes to listed items. This is followed by a list of important information sources, contacts and addresses, then an index of manufacturers' codes.

The last pages of the Schedule provide a generic/proprietary index of PBS and RPBS ready-prepared items.

Section 1

Section 1 is what you are reading, the Explanatory Notes. It outlines the correct way to prescribe and supply pharmaceutical benefits; patient charges; who qualifies for concessions; how the Safety Net system works; and, for pharmacists, how to claim reimbursement for PBS items.

Please note that except where indicated, the term '**prescriber**' is used in this section to cover doctors, dentists, optometrists, midwives and nurse practitioners who are approved to prescribe PBS medicines under the National Health Act 1953.

And except where stated otherwise, the term '**pharmacist**' means a pharmacist approved to supply medicines under the PBS.

Section 2

This section lists ready-prepared items, and includes the form, manner of administration, brand and brand equivalents which may be prescribed, and the maximum quantity and number of repeats for each item.

Emergency drug supplies are also listed at the beginning of this section.

Any medicines that have restrictions on how they can be prescribed are printed in ***bold italics***. Items appearing in more than one therapeutic group are cross-referenced.

The second page of Section 2 explains symbols used throughout the Schedule.

The use of 'NOTE' in this section is used to clarify how some pharmaceutical benefits should be prescribed.

The use of 'CAUTION' is to warn of known adverse reactions from, or precautions to be taken with, a particular pharmaceutical benefit. (The absence of a cautionary note does not imply reactions may not happen.)

Separate lists at the end of Section 2 relate to items that can be prescribed by dentists and optometrists who work within the PBS. These are followed by a list of items that are made available under special arrangements for doctors to prescribe.

Section 3

This section lists container prices, fees related to dispensing, standard packs and prices for ready-prepared preparations.

Section 4

This section deals with extemporaneous preparations. It lists the ingredients which can be used, a table of maximum quantities and number of repeats, container prices, and a list of standard formula preparations and prices (based on formularies in common use and referred to in the Schedule as the Standard Formulae List).

Restrictions applying to the use of a pharmaceutical benefit are indicated against the item.

Repatriation Schedule of Pharmaceutical Benefits

After Section 4, the Schedule provides information about pharmaceutical benefits under the RPBS. These may only be prescribed to DVA beneficiaries holding one of the repatriation health cards (see details under '4. Patient Charges').

2. Prescribing Medicines – Information for PBS Prescribers

PBS prescribers

Pharmaceutical benefits can only be prescribed by doctors, dentists, optometrists, midwives and nurse practitioners who are approved to prescribe PBS medicines under the *National Health Act 1953*.

PBS Prescription forms

Standard PBS prescription forms are available from Medicare Australia for prescribing pharmaceutical benefits.

For doctors:

- *Personalised forms* — are printed with the doctor's name, qualifications, practice address/es, telephone number and prescriber number (which relates to pharmaceutical benefits). They are only provided to doctors who have a Medicare provider number.
- *Non-personalised (blank) forms* — are distributed as an emergency supply (usually when a doctor has temporarily run out of personalised forms).
- *Locum forms* — have the doctor's name, prescriber number and telephone number (if available) and a space to record the practice where the doctor is working.
- *PBS/RPBS Authority Prescription Forms* — can be in personalised, non-personalised or locum format.
- *Computer PBS prescription forms* — are either continuous or single sheet. On the reverse side they list the name, address and telephone number of the practice, and in the case of a sole doctor practice, the doctor's name.

For dentists:

- *Personalised forms* — have the dentist's name, qualifications, practice address/es, telephone number and prescriber number.
- *Non-personalised (blank) forms* — are distributed for emergency supply only.

For optometrists:

- *Personalised forms* — have the optometrist's name, qualifications, practice address/es, telephone number and prescriber number. These forms can be also be used to prescribe authority-required PBS/RPBS items.

For midwives:

- *Personalised forms* — have the midwife's name, qualifications, practice address/es, telephone number and prescriber number.
- *Non-personalised (blank) forms* — are distributed for emergency supply only.

For nurse practitioners:

- *Personalised forms* — have the nurse practitioner's name, qualifications, practice address/es, telephone number and prescriber number.
- *Non-personalised (blank) forms* — are distributed for emergency supply only.

PBS prescription forms for PBS prescribers are supplied free of charge.

The inclusion of the prescriber number on a PBS prescription enables the pharmacist to be sure the prescription is from a legitimate prescriber and satisfies State/Territory legislation. A PBS prescription written by a dentist, an optometrist, a midwife or a nurse practitioner must include the person's approval number as a PBS prescriber.

PBS prescriptions should be provided to the patient in duplicate, as both parts make up a valid PBS prescription. The patient should be reminded to present both the original and the duplicate copy to the pharmacist.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner providing medical treatment or a midwife providing midwifery treatment or a nurse practitioner providing nurse practitioner treatment within a participating public hospital may prescribe PBS subsidised medication. The States of Victoria, Queensland, South Australia and Western Australia, and the Northern Territory have agreed to implement these arrangements.

Ordering forms

Prescribers are asked not to over order. Getting the right amount of forms helps to reduce the cost to taxpayers and helps to reduce paper wastage. Also, the pads may deteriorate if stored over time.

Order forms for standard and authority PBS prescription forms are available from Medicare Australia stationery officers. Contact details are listed in the front of the Schedule. Order forms for computer PBS prescription form stationery are obtained from Medicare Australia (at the address below). Orders should be sent to:

Prescription Pad Order Clerk
Pharmaceutical Branch
Medicare Australia
GPO Box 9826
Sydney NSW 2001
Telephone (02) 9895 3295

Orders for PBS prescription stationery will only be accepted by application in writing and through the channels mentioned above.

Preparing general PBS prescriptions

Do's and Don't's

A PBS prescription is only valid when it is written by a doctor, a dentist, an optometrist, a midwife or a nurse practitioner.

The PBS prescription must be for the treatment of the person named on the PBS prescription. A PBS prescription may only be written for the treatment of one person.

A prescriber cannot write more than one PBS prescription for the same pharmaceutical benefit for the same person on the same day.

Up to **three** pharmaceutical benefit items may be included on a single PBS prescription form except for Authority required, Authority required (STREAMLINED) items and optometrist items. These items must be written on individual forms. Pharmaceutical benefits and non-pharmaceutical benefits should not be listed together on the one PBS prescription form.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner providing medical treatment or a midwife providing midwifery treatment or a nurse practitioner providing nurse practitioner treatment within a participating public hospital may prescribe PBS subsidised medication. The States of Victoria, Queensland, South Australia and Western Australia, and the Northern Territory have agreed to implement these arrangements.

If an item has a particular manner of administration it may not, as a pharmaceutical benefit, be administered in any other way, e.g., an ophthalmic preparation may not be prescribed for topical use.

If an item is restricted, and the use for the patient is different from the use specified in the restriction, it cannot be prescribed as a pharmaceutical benefit. The prescriber should write the prescription as a non-PBS private prescription. If a standard PBS prescription form is used for this purpose the 'PBS/RPBS' text must be clearly struck out. It should also be endorsed 'non-PBS'.

Prescribers must heed State/Territory laws when prescribing drugs listed as narcotic, specified or restricted in the poisons legislation of the particular State or Territory. Legislative requirements in some States/Territories are such that prescribers may be required to prescribe a drug of addiction on a separate PBS prescription. Prescribers must ensure that prescriptions written under the PBS fall within the limits of the prescribing approval granted to the person under State or Territory requirements. It is the prescriber's responsibility to ensure that PBS prescriptions comply with all aspects of his/her prescriber approval. Inclusion of a PBS medicine for prescribing does NOT confer approval for a particular prescriber to prescribe that medicine if it is not authorised to be prescribed in a particular State or Territory.

A prescriber cannot prescribe a narcotic drug for him/herself.

Prescribers are issued with individual PBS prescription pads by Medicare Australia for their own use — these pads should not be used by other prescribers, as this can cause confusion through incorrect pharmacy records.

Doctors should, and dentists and optometrists, midwives and nurse practitioners are required to, include their prescriber number on non-personalised PBS prescriptions.

The following admixtures are not pharmaceutical benefits:

- the admixture of two or more ready-prepared items listed in the Schedule; or
- the admixture of a ready-prepared item and one or more extemporaneous drugs listed in Section 4 of the Schedule; or
- the admixture of a non-pharmaceutical benefit item with a pharmaceutical benefit item.

Writing the PBS prescription

The following rules apply for writing PBS prescriptions:

- they must be written in indelible form (i.e., ink or ball-point pen) in the prescriber's own handwriting (exceptions must be approved by Medicare Australia's Chief Executive Officer) either on the standard PBS prescription, or on paper approximately 18 cm x 12 cm,

or they can be generated by computer on a form approved by Medicare Australia. For patient safety reasons, both the original and the duplicate must be legible;

- they must record the prescriber's name and address (and, in the case of dentists, optometrists, midwives and nurse practitioners, the prescriber number), the patient's name, address and entitlement status, and whether the prescription is under the PBS or RPBS;
- they should completely identify the pharmaceutical benefit by detailing the item, dose, form, strength, quantity and instructions for use;
- they should indicate where brand substitution is not permitted. PBS prescriptions must not be prepared using a computer prescribing program that contains a default which would result in all prescriptions being indicated as Brand Substitution Not Permitted;
- where 'solvent required' is included after the form, the volume and number of ampoules must be specified; and
- they must be signed by the prescriber and dated. Forward or back dating is not permitted.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner providing medical treatment or a midwife providing midwifery treatment or a nurse practitioner providing nurse practitioner treatment within a participating public hospital may prescribe PBS subsidised medication. The States of Victoria, Queensland, South Australia and Western Australia, and the Northern Territory have agreed to implement these arrangements.

Restrictions

Pharmaceutical benefits listed in the Schedule fall into three broad categories:

Unrestricted benefits - have no restrictions on their therapeutic uses;

Restricted benefits - can only be prescribed for specific therapeutic uses (noted as Restricted benefit); and

Authority required benefits - Authority required benefits fall into two categories:

- *Authority required benefits* are restricted benefits that require prior approval from Medicare Australia or the DVA (noted as **Authority required**)
- *Authority required (STREAMLINED) benefits* are restricted benefits that do not require prior approval from Medicare Australia or the DVA but require the recording of a streamlined authority code (noted as **Authority required (STREAMLINED)**).

Authority PBS prescriptions

Authority required benefits fall into two categories - *Authority required* and *Authority required (STREAMLINED)*.

All PBS prescribers (with the exception of dentists) can write authority PBS prescriptions.

Authority PBS prescriptions cannot have retrospective approval.

Authority required PBS Prescriptions

Approval of authority PBS prescriptions by Medicare Australia may be sought by:

- posting an Authority Prescription Form to Medicare Australia - after approval, Medicare Australia will forward both copies of the prescription to the patient or the prescriber (if it is to be sent direct to the patient, the prescriber should mark the box next to the patient's details);
- calling Medicare Australia Authority Freecall service (1800 888 333); or
- using Medicare Australia PBS authorities website at www.medicareaustralia.gov.au/providers.

Approval of authority prescriptions by the DVA may be obtained either by posting an Authority Prescription Form to the DVA, or by using the DVA Authority Freecall service (1800 552 580).

An authority PBS/RPBS prescription is not valid until it has been approved by Medicare Australia or the DVA. Without this approval, a pharmacist must not supply the item as a PBS/RPBS benefit.

Each Authority required PBS/RPBS item must be written on an Authority PBS/RPBS prescription form, one item per form. Authority PBS prescription forms provide for the following:

- the patient/pharmacist copy, which records prescriber, patient, and pharmaceutical benefit item details. Where required a repeat authorisation, which is used for repeat supply, is attached to the pharmacist/patient copy until the last supply is made. The patient/pharmacist copy is then retained by the pharmacist;
- the Medicare Australia/DVA copy which records prescriber, patient, and pharmaceutical benefit item details. After the first dispensing, the Medicare Australia/DVA copy is forwarded to Medicare Australia for processing and payment;
- the prescriber's copy (for computer generated scripts, this is the tear off portion at the base of the script) or Prescriber/Medicare Australia/DVA copy (for handwritten scripts this is the long white copy), is kept by Medicare Australia or the DVA for record purposes when approval is sought in writing. When approval is by telephone or by the authorities website, the prescriber must keep this copy

for 12 months. This copy must record the daily dose, details of the disease, clinical justification for using the item, the patient's age (if the patient is a child) and whether the patient has previously received an authority for this pharmaceutical benefit.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner providing medical treatment or a midwife providing midwifery treatment or a nurse practitioner providing nurse practitioner treatment within a participating public hospital may prescribe PBS subsidised medication. The States of Victoria, Queensland, South Australia and Western Australia, and the Northern Territory have agreed to implement these arrangements.

Authority required (STREAMLINED) PBS Prescriptions

Prior approval is not required from Medicare Australia or DVA to prescribe an Authority required (STREAMLINED) item (except where increased quantities and/or repeats are required). Instead the authority prescription form must include a four digit streamlined authority code.

This code is listed with the corresponding restriction for each Authority required (STREAMLINED) item and the prescriber must write the code on the authority PBS/RPBS prescription form. An authority prescription for an Authority required (STREAMLINED) item is not valid unless the code is included on the prescription form. Without the streamlined authority code, a pharmacist must not supply the item as a PBS benefit.

There are no Authority Required (STREAMLINED) items in the Repatriation Schedule of Pharmaceutical Benefits.

Authority required (STREAMLINED) PBS prescriptions must be written on an Authority PBS/RPBS Prescription Form, this includes:

- the pharmacist/patient copy, which records prescriber, patient, and pharmaceutical benefit item details. The prescription is given directly to the patient to be dispensed at their pharmacy;
- the Medicare Australia/DVA copy which records prescriber, patient, and pharmaceutical benefit item details. After the first dispensing, the Medicare Australia/DVA copy is forwarded to Medicare Australia for processing and payment;
- the prescriber's copy is kept by the prescriber for 12 months. This copy must record the daily dose, details of the disease, clinical justification for using the item, the patient's age (if the patient is a child) and whether the patient has previously received an authority for this pharmaceutical benefit.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner providing medical treatment or a midwife providing midwifery treatment or a nurse practitioner providing nurse practitioner treatment within a participating public hospital may prescribe PBS subsidised medication. The States of Victoria, Queensland, South Australia and Western Australia, and the Northern Territory have agreed to implement these arrangements.

Writing authority PBS prescriptions

The following rules apply:

- only one item may be prescribed per PBS prescription;
- PBS prescriptions must be completed by prescribers in writing, unless otherwise approved by Medicare Australia;
- prescribers should include their name, address, telephone number and **prescriber number** (not provider number);
- prescribers must include the patient's name, address and entitlement status (i.e. whether they are a 'concessional' or 'general patient');
- prescribers must indicate when brand substitution is not permitted. PBS prescriptions must not be prepared using a computer prescribing program that contains a default which would result in all PBS prescriptions being indicated as Brand Substitution Not Permitted;
- in certain circumstances, the prescriber must provide additional information to Medicare Australia with the authority application; and
- the PBS prescription must be signed by the prescriber and dated.

Posted applications which lack necessary information, and therefore cannot be approved, will be returned for correction. If the matter can be clarified via telephone, an Authority to Prescribe Form may be prepared by Medicare Australia or the DVA and sent to the prescriber.

In the case of authority PBS prescriptions approved by telephone, the approval number must be included on the PBS prescription to enable the pharmacist to supply the medication. A prescriber who is granted approval but decides not to continue with the therapy should advise Medicare Australia.

In the case of Authority required (STREAMLINED) prescriptions, the streamlined authority code must be written on the PBS/RPBS prescription form. This enables the pharmacist to supply the medication as a PBS benefit.

There are separate arrangements for PBS prescriptions in certain public hospitals. To gain access to pharmaceutical benefits under this arrangement a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner providing medical treatment or a midwife providing midwifery treatment or a nurse practitioner providing nurse practitioner treatment within a participating public hospital may prescribe PBS subsidised medication. The States of Victoria, Queensland, South Australia and Western Australia, and the Northern Territory have agreed to implement these arrangements.

Maximum quantities and repeats

The maximum quantity and number of repeats allowed for PBS items are recommended by the Pharmaceutical Benefits Advisory Committee (PBAC). In the case of RPBS items, the recommendations are made by the Repatriation Pharmaceutical Reference Committee (RPRC).

All PBS prescribers (with the exception of dentists) can prescribe repeats.

PBS prescriptions and repeats can be for any quantity up to the maximum. It is not necessary to prescribe the maximum quantity if a lesser quantity is sufficient for the patient's needs. Please clearly indicate the number of tablets, capsules, etc. required and the number of repeats needed, and **do not use** abbreviations such as 'Max. Qty', 'M.Q.', or 'M.R.'.

If a prescriber feels the maximum quantity or number of repeats should be increased for a particular patient, he or she must complete an Authority PBS Prescription Form (see procedures above under 'Authority PBS Prescriptions'). The provision of increased quantities and repeats on authority PBS prescriptions is intended to provide approximately one month's therapy which may be repeated (if clinically appropriate) to provide 6 months' therapy in total. This situation usually arises where higher than normal dosages are required.

Approval for increased quantities and repeats of Authority required, Authority required (STREAMLINED) and Restricted benefit PBS items will be granted only where the reason for the PBS prescription is consistent with the indications published in the Schedule.

Approval for increased quantities and repeats extends only to the provision of a pharmaceutical benefit for the patient and does not imply approval of any aspects of the patient's care, which are the responsibility of the treating prescriber.

Regulation 24

Under this regulation, original and repeat supplies of pharmaceutical benefits can be supplied at the one time if a medical practitioner, a midwife or a nurse practitioner is first satisfied that certain conditions apply, then endorses the PBS prescription 'Regulation 24'. RPBS prescriptions may be endorsed 'hardship conditions apply'.

The medical practitioner, midwife or nurse practitioner must first be satisfied all the following conditions apply:

- the maximum PBS quantity is insufficient for the patient's treatment; **AND**
- the patient has a chronic illness or lives in a remote area where access to PBS supplies is limited; **AND**
- the patient would suffer great hardship trying to get the pharmaceutical benefit on separate occasions.

Regulation 24 does not apply for supply of pharmaceutical benefits on optometrist prescriptions.

Urgent cases

In urgent cases and where State/Territory law allows, a prescriber may telephone a pharmacist and ask that a PBS prescription be supplied. He/she must then forward the written PBS prescription and duplicate to the pharmacist within **seven days of the date of supply**.

This also applies to 'Authority required' authority PBS prescriptions provided prior approval has been given by Medicare Australia or DVA. The follow-up written PBS prescription must include the approval number provided over the phone by Medicare Australia or DVA.

Drugs of addiction

Prescribers must heed State/Territory laws when prescribing drugs listed as narcotic, specified or restricted and must notify, or receive approval from, the appropriate health authority.

When a PBS/RPBS authority application is for a drug of addiction (other than dexamphetamine sulfate), the following guidelines apply:

- the maximum quantity authorised is generally for one month's therapy (e.g., one week's therapy with three repeats);
- where supply for a longer period is warranted, quantities are usually for up to three months' therapy;
- telephone approvals are limited to one month's therapy.

Prescribers should also state the interval of repeat where repeats are called for, and ensure State/Territory health authorities are notified about ongoing treatment.

Emergency drug supplies

Certain pharmaceutical benefits are provided without charge to prescribers who in turn can supply them free to patients for emergency use.

The Emergency Drug Supply Order Form must be completed in triplicate, signed, and the original and duplicate given to a pharmacist. Each form is valid for the month indicated on the form.

Prescribers may order the maximum quantity of an item provided they do not already have the maximum quantity on hand. The items can only be obtained once a month. Prescribers may also ask for a particular brand of a pharmaceutical benefit. If it is unavailable, they must specify another listed brand, and initial the alteration.

A receipt must be signed by the prescriber, or by an authorised representative, when supplies are received.

Availability of Methoxyflurane for emergency treatment only

A new Emergency Treatment Program (ETP) for medical practitioners has been established to provide for medicines such as Methoxyflurane to be supplied as items for emergency treatment, other than hospital treatment. Unlike other emergency drug supplies, Methoxyflurane, liquid for inhalation 999.9 mg per g, 3 mL (with inhaler) (*Penthrox*[®]) is not available for prescribing as a general pharmaceutical benefit.

Methoxyflurane is therefore PBS-listed as a 'special pharmaceutical product' under section 100AA, only for emergency treatment, other than hospital treatment. As such, the availability of this drug is provided for under special arrangements under section 100 (1) of the *National Health Act 1953*. The legislative instrument can be viewed on the Federal Register of Legislative instruments at www.frli.gov.au.

For the purposes of administration, Methoxyflurane will be listed with other emergency drug supplies, as outlined above, and be managed by Medicare Australia in the same manner as other emergency drug supply items with the same supply and claiming procedures.

Improving the capacity of the PBS to meet particular Aboriginal and Torres Strait Islander health needs

The PBS includes listings to support the treatment of conditions common in Aboriginal and Torres Strait Islander health settings. These listings are specifically for your patients who identify as Aboriginal and/or Torres Strait Islander persons. Some listings will be medicines recently added to the PBS; others may contain specific restrictions for existing PBS items.

A significant proportion of the higher levels of illness experienced by Aboriginal and Torres Strait Islanders may be addressed through better access to appropriate medicines. The PBS aims to provide greater choice in therapeutic options and to address:

- the greater burden of disease experienced by Aboriginal and Torres Strait Islander peoples; and
- morbidity almost exclusively seen in this population.

How to prescribe these items?

These items are available as "Authority PBS prescriptions". You should obtain approval from Medicare Australia before prescribing these items for patients who identify as Aboriginal and/or Torres Strait Islander persons through the Authority Freecall service [1800 888 333], on line or by mail.

All PBS prescribers except dentists can write Authority PBS prescriptions and your patients will be required to pay their normal PBS co-payment.

Special arrangements apply in remote area Aboriginal Health Services for supplying these PBS items.

Aboriginal and Torres Strait Islander identification

Establishing a client's background may have clinical significance and should be part of routine medical history taking. In the case of Aboriginal and Torres Strait Islander people, this is also relevant to establish eligibility for services such as health checks, specific immunisation programs, and the some PBS items.

Improving the level of identification of Aboriginal and Torres Strait Islander people will also assist in developing initiatives to meet particular needs.

For the purposes of these PBS items a person is Aboriginal and/or Torres Strait Islander if the person identifies himself or herself as being an Aboriginal and/or Torres Strait Islander. Clients should be asked to self-identify either verbally or by completing a form.

- Some people may give this information without being asked.
- It is important not to assume that a person is or is not Aboriginal or Torres Strait Islander.

Asking about Aboriginal and/or Torres Strait Islander identification

Practitioners should ensure that each person attending their practice has the opportunity to identify if they are Aboriginal or Torres Strait Islander. An environment which maintains confidentiality and provides an explanation for this question if requested will assist this process.

- The inquiry may be made verbally and recorded by the general practitioner as part of routine medical history taking at first consultation, or by a receptionist or other staff member. An appropriate question to ask is:
"Are you (is this child) of Aboriginal or Torres Strait Islander origin?"
- Alternatively, the question may be included on a client self-history or practice record form, using a standard question such as:
"Are you (is this child) of Aboriginal or Torres Strait Islander origin?"
 - Yes - Aboriginal
 - Yes - Torres Strait Islander
 - Yes - Aboriginal and Torres Strait Islander
 - No

Aboriginal and Torres Strait Islander health

Major causes of excess mortality in Aboriginal and Torres Strait Islander peoples are:

- circulatory conditions (including ischaemic heart disease, hypertension, cerebrovascular disease and rheumatic heart disease);
- external causes (including accident and injury);
- endocrine causes (mainly type two diabetes and its complications); and
- respiratory conditions.

Causes of morbidity vary but include the risk factors and precursors of all of these. They also include infections of the respiratory system, the ears (in particular, chronic suppurative otitis media), the eyes (trachoma in some settings), the skin and the gastrointestinal system. End-stage renal disease is a major cause of hospitalisations, and much early renal disease remains undetected. In some settings, sexually transmissible infections are common.

Living environments affect health and may be compromised by overcrowding, limited access to clean water and sanitation, and poverty. Social and family life may be negatively influenced by an excessive burden of care for family members, by substance use and sometimes by family violence.

Communication and cultural issues

Aboriginal cultures are numerous and diverse in language, customs, non-verbal and verbal communication, geographical locations and experiences. Torres Strait Islanders are a separate people with a distinctly different culture and identity. Aboriginal and Torres Strait Islander people often perceive health differently from other Australians.

For Aboriginal and Torres Strait Islander peoples' health does not just entail the freedom of the individual from sickness but requires support for healthy and interdependent relationships between families, communities, land, sea and spirit. The focus must be on spiritual, cultural, emotional and social well-being as well as physical health

Source: National Aboriginal and Torres Strait Islander Health Council. National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013, Context. Canberra: Commonwealth of Australia; 2004.

To provide effective primary health care to Aboriginal and Torres Strait Islander clients, you need to be aware of the issues surrounding this diversity, and which may have an impact on the delivery of services.

- Aboriginal and Torres Strait Islander people may be reluctant to use mainstream medical services. This may be because of a lack of understanding of the mainstream health system and previous negative experiences within the mainstream health care system.
- Access to adequate health care may be hindered by family obligations (often extended family), lack of transport or money, or geographical isolation.
- English may be the person's second, third or even fourth language. Therefore it may be appropriate to consider the use of an interpreter.
- Aboriginal and Torres Strait Islander people may be reluctant to consult a health care provider of the opposite sex, particularly with regard to women's and men's health issues.

The differences between the cultural and language backgrounds of health service providers and patients, whether urban, rural or remote, may range from minor to extreme.

You should:

- Make efforts to ensure waiting rooms are welcoming to Aboriginal and Torres Strait Islander people, including displaying relevant posters and pamphlets;
- Provide a relaxed setting for the consultation (e.g. sit next to your patient rather than across a desk);
- Allow time at the first consultation to build rapport and trust;
- Ensure the person understands clearly what the service entails and the details of any procedures involved, and possible follow-up or referral requirements;
- Obtain health promotion information appropriate for Aboriginal and Torres Strait Islander patients;
- Allow the patient to have family members present if desired. When inviting family or community members to accompany a patient, ensure the patient fully consents to their attendance and that the community/family members are fully aware of the need for confidentiality;
- Provide gender appropriate staff where possible, for both male and female patients, especially in regard to pap smears, mammograms, sexual health checks, pregnancy checks, antenatal care and postnatal care;
- Encourage all staff in the practice to attend Aboriginal and Torres Strait Islander Cultural Awareness programs, which are widely available;
- Ensure practice staff have awareness of appropriate referral and/or support organisations for Aboriginal and Torres Strait Islander patients; and
- Develop partnerships with local Aboriginal and Torres Strait Islander community organisations.

For more information, pbs-indigenous@health.gov.au

3. Supplying Medicines — What Pharmacists Need to Know

Eligible suppliers

Pharmaceutical benefits are mainly supplied by approved pharmacists – pharmacists who comply with certain conditions. These pharmacists are approved to dispense pharmaceutical benefits from a particular pharmacy.

Other suppliers include approved doctors (usually practising in isolated areas), Friendly Society pharmacies, and approved hospitals. All suppliers are issued with approval numbers by Medicare Australia. They should follow the procedures in these Explanatory Notes.

Unapproved pharmacists *cannot* supply pharmaceutical benefits.

Approval conditions for pharmacists

A pharmacist approved to supply medicines under the PBS:

- can only supply benefits from the pharmacy that he/she is operating;
- will not supply to anyone any pharmaceutical benefit that attracts a Commonwealth contribution for free, or for a price that is less than the relevant patient contribution;
- will clearly advertise that any offer for free or cut-price medicines does not include pharmaceutical benefits which have a Commonwealth contribution;
- will not pay rebates or refunds of patient contributions;
- will publicly display a notice setting out the pharmacy's normal trading hours;
- is obliged to supply pharmaceutical benefits at the pharmacy at any hour if a PBS prescription is marked 'urgent' and initialled by the prescriber;
- will keep adequate stocks for the supply of pharmaceutical benefits;
- may be called on by Medicare Australia to provide details of stocks of pharmaceutical benefits or preparations for pharmaceutical benefits; and
- must keep the duplicates of all old format PBS prescriptions, and the patient/pharmacist copies of all new format PBS prescriptions, with a Commonwealth contribution for at least one year from the date of supply. This includes PBS prescriptions ordering repeats when it is the final supply, and order forms for emergency drug supplies. Please note that some State/Territory laws require these copies to be kept for longer periods.

Before supplying pharmaceutical benefits

Several steps must be taken before a pharmaceutical benefit is supplied.

Firstly, a pharmacist must endorse the PBS prescription and duplicate with his/her name and approved supplier number.

Secondly, a PBS prescription identifying number must be given to the PBS prescription item on both the PBS prescription and duplicate. Any recognised series of numbers may be used.

If more than one item is on a PBS prescription, a separate identifying number should be allocated to each item.

In the case of a repeat authorisation, the same PBS prescription identifying number(s) must be carried through for each item. A pharmacist must also allocate his/her own identifying number on the repeat authorisation. It must be written alongside the date and place of supply.

Supplying pharmaceutical benefits

Do's and Don'ts

Except in urgent cases (see details under '2. Prescribing Medicines ... Urgent cases'), pharmacists are authorised to supply pharmaceutical benefits only after they receive:

- the pharmacist/patient and Medicare Australia or DVA copies of a valid PBS prescription which is not more than 12 months old; or
- the pharmacist/patient and Medicare Australia or DVA copies of an approved authority PBS prescription or an authority to prescribe which is not more than 12 months old; or
- a repeat authorisation attached to a patient/pharmacist PBS prescription not more than 12 months after the date of the original PBS prescription.

A pharmacist must not supply an Authority required (STREAMLINED) item unless the prescriber has written the four digit streamlined authority code on an authority PBS/RPBS prescription.

A pharmaceutical benefit cannot be supplied more times than specified in the PBS prescription.

A pharmacist cannot add to, delete from, or alter a PBS prescription in any other way. However, there may be circumstances where after contacting a prescriber, the pharmacist can clarify the prescriber's intentions and endorse the PBS prescription accordingly.

Once a pharmaceutical benefit has been supplied to a patient, it may not be supplied to that patient again:

- on the same day or within the next 20 days, if it is a benefit (other than an eye preparation) that has five or more repeats allowed in the Schedule; or
- on the same day or within the next four days (e.g., if a pharmaceutical benefit is supplied on a Monday, it cannot be supplied again to that patient until the next Saturday) in the case of other benefits.

Exceptions to this are:

- when a PBS prescription is endorsed with the words 'Regulation 24' or 'hardship conditions apply' (see below under 'Regulation 24'); and
- If a pharmacist believes a repeat supply is needed without delay for the treatment of the person, or a previous supply has been destroyed, lost or stolen. In this case, the pharmacist can provide another supply but must write 'immediate supply necessary' and sign the PBS prescription.

A pharmacist can supply an alternative pharmaceutical benefit without reference to the prescriber, provided that:

- the PBS prescription does not indicate that only the pharmaceutical benefit prescribed is to be supplied (ie substitution is not permitted); and
- the Schedule states that the prescribed benefit and the substitute benefits are equivalent; and
- supply of the substitute benefit does not contravene relevant State/Territory law; and
- the substitute benefit is a listed brand in the Schedule.

Pharmacists must heed State/Territory laws when supplying drugs listed as narcotic, specified or restricted in legislation of the particular State or Territory.

What to do if the Schedule changes

If an item or brand is deleted from the Schedule, it *cannot* be supplied as a pharmaceutical benefit from the date the deletion takes effect – regardless of whether the PBS prescription was written before this date. This includes repeat authorisations. (Special conditions applying to RPBS prescriptions are detailed in the RPBS Explanatory Notes.)

However, if restrictions on the prescribing of a pharmaceutical benefit change, or the maximum quantity or number of repeats is altered in the Schedule, valid PBS prescriptions written before the date of effect of the change *may* still be supplied as pharmaceutical benefits, under the conditions applying at the date of prescribing.

Suspected forgery

Pharmacists should take all reasonable steps to satisfy themselves that all items on a PBS prescription were written by a medical practitioner, a dentist, an optometrist, a midwife or a nurse practitioner.

Regulation 24

This regulation allows pharmacists to supply a pharmaceutical benefit and all of its repeats at the one time.

The PBS prescription must be endorsed by the medical practitioner, midwife or nurse practitioner with the words 'Regulation 24' if it is an item under the PBS, or 'hardship conditions apply' if it is being supplied under the RPBS. (For more information see under '2. Prescribing Medicines ... Regulation 24'). Regulation 24 does not apply for supply of pharmaceutical benefits on optometrist prescriptions.

Repeat authorisations

When a PBS prescription calls for repeat supplies, the pharmacist shall prepare a Repeat Authorisation Form, except when the PBS prescription is marked 'Regulation 24'.

The repeat may be requested on a standard PBS prescription, an authority PBS prescription or an Authority to Prescribe Form, or on an earlier repeat authorisation. In the latter case, it must come with the duplicate PBS prescription, or in the new format, the "patient/pharmacist copy".

Preparing Repeat Authorisation Forms

A Repeat Authorisation Form must show:

- the category of benefit (concession or general) – by placing a cross (x) in the relevant box;
- the patient's name and full address;
- in the case of repeats authorised on authority PBS prescriptions, the authority prescription number;
- details of the original PBS prescription stating the item, form, strength, quantity and directions;
- if substitution has occurred, the name of the brand actually supplied;

- for the first supply, the pharmacy name, address and approval number, the date of the original PBS prescription and the allotted PBS prescription identifying number;
- for subsequent supplies, the pharmacy approval number, and the date and PBS prescription number of the original prescription;
- the number of times the item is to be repeated and the number of times it has been supplied;
- the name and pharmacy approval number of the pharmacist issuing the repeat authorisation; and
- the date of supply.

When a repeat authorisation is prepared for any further repeats or deferred supply, a pharmacist must attach the duplicate copy of an old format PBS prescription, or the patient/pharmacist copy of a new format PBS prescription, and give both to the patient at the time of supply.

Repeat authorisations for injectables and solvents

Where an injectable pharmaceutical benefit requires a solvent, both items should be treated as one pharmaceutical benefit. If repeats are needed, only one repeat authorisation is to be prepared. Details of the injectable and the solvent should appear in the space provided for the 'original prescription transcription'.

Repeat authorisations for deferred supply

When a PBS prescription orders a number of pharmaceutical benefit items, but the patient does not need all of the items at the same time, a separate repeat authorisation for each deferred item must be prepared. The words 'original supply deferred' should be indicated across the relevant item on the original PBS prescription, its duplicate, and on the repeat authorisation.

Deferred items must not be claimed on the original PBS prescription.

The Repeat Authorisation Form when it is used for a deferred supply, is issued in the same way as normal repeat authorisations except that:

- '0' is to be inserted in the space for 'no. of times already dispensed'; and
- if no repeats are ordered, '0' is to be inserted in the space for 'no. of repeats authorised'.

Supplying a benefit on a deferred supply repeat authorisation is to be treated as if it is the first time of supply. If repeats are directed, the normal procedure for repeat authorisations applies. Details of the pharmacy at which the deferred supply was authorised are to be written onto subsequent repeat authorisations.

Authority PBS prescriptions

If a pharmacist is presented with an authority PBS prescription and is not sure if it has been approved, he or she should contact Medicare Australia. Please note that Medicare Australia will not provide clinical information.

If the authority PBS/RPBS prescription is for an Authority required (STREAMLINED) item the pharmacist should ensure that the prescriber has written the four digit streamlined authority code on the prescription, this enables the pharmacist to supply the item as a PBS benefit.

Urgent cases

In urgent cases and where State/Territory law allows, pharmacists can supply a pharmaceutical benefit to a person without a PBS prescription, provided details of the prescription are given by the prescriber via telephone or other means. The prescriber must then forward the written PBS prescription and duplicate to the pharmacist within **seven days of the date of supply**.

Where a pharmaceutical benefit needs prior approval from Medicare Australia or the DVA, the prescriber must obtain approval and then advise the pharmacist of the PBS prescription and approval details. Only an original supply can be provided in this manner, not repeats.

Receipts

A person receiving a pharmaceutical benefit item must sign and date a receipt for it. If the person is not the patient, that person must also endorse the PBS prescription or repeat authorisation with his/her address. A receipt cannot be obtained until supply of the benefit has been made.

If a pharmaceutical benefit has to be sent through the post, by rail, or by other means, and a receipt is not practical, the pharmacist must certify on the PBS prescription or repeat authorisation that the benefit has been supplied, and write the date of supply and details of how it was sent. For example, if a pharmaceutical benefit is mailed to a patient on 1 April 2008, the pharmacist should write: "Certified supplied – mailed to patient 1 April 2008 (name of pharmacist) (signature of pharmacist) (date of certification)".

If an item is supplied in an urgent case, or to a person who cannot read or write, the pharmacist should sign and date a statement on the PBS prescription or repeat authorisation, stating the item has been supplied and the date on which it was supplied, and explaining why there is no receipt. For example, if a pharmaceutical benefit is supplied to a patient with a broken arm on 1 May 2008, the pharmacist should write: "Certified supplied 1 May 2008 – patient has a broken arm and is unable to sign (name of pharmacist) (signature of pharmacist) (date of certification)".

Only the pharmacist approved to supply pharmaceutical benefits can certify supply.

Emergency drug supplies

Pharmacists may supply certain pharmaceutical benefit items free of charge to medical practitioners or other authorised prescribers for emergencies if they receive an Emergency Drug Supply Order Form in duplicate, signed by the medical practitioners or other authorised prescriber.

Pharmacists must be satisfied the form was completed by a medical practitioner or other authorised prescribers and includes the medical practitioner's or other authorised prescriber's name and address. If a pharmacist does not know the medical practitioner or other authorised prescriber, he/she should confirm the medical practitioner's or other authorised prescriber's registration and endorse this on the back of the form.

For more information about emergency supplies see under 2. Prescribing Medicines ... Emergency drug supplies'.

4. Patient Charges

Type of patient

There are two types of PBS beneficiaries, general patients, who hold a Medicare card and concessional patients who hold a Medicare card and one of the following:

- Pensioner Concession Card
- Commonwealth Seniors Health Card
- Health Care Card
- Repatriation Health Card for All Conditions (gold) — concessional patients under RPBS
- Repatriation Health Card for Specific Conditions (white) — only regarded as concessional patients for RPBS prescriptions unless they hold a separate entitlement from Centrelink, otherwise they are general patients
- Repatriation Pharmaceutical Benefits Card (orange) — concessional patients under RPBS
- Safety Net Concession Card or Safety Net Entitlement Card — issued by Medicare Australia.

Concessional patients are recognised by public hospitals in all States and Territories apart from South Australia (where DVA beneficiaries are treated as general patients) and New South Wales (where holders of a white DVA card are treated as general patients).

Under the Reciprocal Health Care Agreements, visitors from participating countries (see the introduction of this section for the list of countries) are treated as general patients and do not have concessional entitlements. To receive pharmaceutical benefits these visitors may need to present a temporary Medicare card or their passport. Pharmacists should contact Medicare Australia if they have enquiries about these arrangements.

Establishing entitlement

PBS prescription forms supplied by Medicare Australia have spaces provided for details of a patient's entitlement status. Anyone can enter this information, which must include:

- a cross (x) in the appropriate box to indicate the level of patient contribution;
- the complete Medicare number (including individual reference number) or complete Veteran file number on the card; and
- if applicable, the complete concession number on the card.

The person who signs the receipt for pharmaceutical benefits also accepts responsibility for the validity of the entitlement information on the PBS prescription.

All PBS prescriptions must have a Medicare or Veteran file number. All concessional PBS prescriptions must have a concession number. However, it is not necessary for the Medicare (Veteran file) or the concession number to be endorsed on the PBS prescription if it is included in the electronic prescription details supplied by a pharmacist who is using the Claims Transmission System.

What to charge

Patient contribution

Under the PBS, the maximum cost for a pharmaceutical benefit item at a pharmacy is \$34.20 for general patients and \$5.60 for concessional patients, plus any applicable special patient contribution, brand premium or therapeutic group premium. General patients who have reached the safety net threshold (see details under '5. The Safety Net Scheme') may receive pharmaceutical benefits at the concessional rate, plus any applicable special patient contribution, brand premium or therapeutic group premium.

Patients who have a Safety Net Entitlement Card (see details under '5. The Safety Net Scheme') may receive PBS items free of charge, except for any applicable special patient contribution, brand premium or therapeutic group premium.

The contribution rate for general patients as outpatients at public hospitals in most of Australia is \$27.40. The exceptions are in Queensland and in hospitals participating in the pharmaceutical reforms where they pay the safety net value of an item listed in the Schedule (see details

under '5. The Safety Net Scheme'), or up to the general co-payment amount for items not listed in the Schedule. The public hospital pharmaceutical reforms enable participating public hospitals to prescribe and supply pharmaceutical medication from the PBS to outpatients and patients upon discharge. A range of chemotherapy drugs is also available for day-admitted and non-admitted chemotherapy patients.

The contribution rate for concessional patients in all public hospitals is equal to the concessional co-payment amount.

The supply of a pharmaceutical benefit or a Repatriation pharmaceutical benefit to a patient is GST-free. Goods and services tax must not be included in the price charged to a patient for the supply of a PBS or RPBS script.

It is the patient's responsibility to pay any charge lawfully imposed by an approved pharmacist or supply may be refused.

The patient contribution rates are adjusted on 1 January each year in line with inflation.

Patient contributions for early supply of some PBS medicines

Prescriptions for some PBS and RPBS pharmaceutical benefits are not eligible for safety net benefits if re-supplied within 20 days of a supply of the same pharmaceutical benefit for the same person. This is known as the 'Safety Net 20 day rule' and came into effect on 1 January 2006.

Where a prescription is subject to the Safety Net 20 day rules:

- the patient contribution does not count towards the Safety Net, and
- after the Safety Net threshold is reached, the usual patient co-payment amount for the corresponding entitlement level (not the Safety Net amount) applies.

For example: The payment for such a prescription for a patient with a Safety Net Entitlement Card would be the concessional co-payment amount — not free. For a general patient with a Safety Net Concession Card, the usual general co-payment amount would apply — not the concessional amount.

The Safety Net 20 day rule does not apply to PBS/RPBS prescriptions originating from hospitals or day hospital facilities.

Special patient contributions, brand premiums and therapeutic group premiums

A special patient contribution is payable for a pharmaceutical benefit when a supplier will not supply it at the benchmark price. Any extra charge for a higher priced benefit is paid by the patient, together with their usual patient contribution. Other than for bleomycin sulfate, exemptions on medical grounds are available, but must be granted by Medicare Australia. For RPBS special patient contribution arrangements see the RPBS Explanatory Notes.

Under the brand premium arrangements, reimbursement to pharmacists is based on the lowest-priced brand. Any extra charge for a higher priced brand is paid by the patient, together with their usual patient contribution.

Under the therapeutic group premium arrangements, reimbursement to pharmacists is based on the lowest priced benefit items within identified therapeutic groups. Any extra charge for a higher priced benefit is paid by the patient, together with their usual patient contribution. Exemptions on medical grounds are available, but must be granted by Medicare Australia.

Special patient contributions, brand premiums and therapeutic group premiums apply to maximum quantities. When a quantity is less than, or — on an authority or 'Regulation 24' PBS prescription — more than, the maximum, the contributions or premiums will be a factor of the maximum quantity, using standard pricing rules.

There are separate arrangements for PBS prescriptions in certain public hospitals. To obtain pharmaceutical benefits under these arrangements a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner providing medical treatment or a midwife providing midwifery treatment or a nurse practitioner providing nurse practitioner treatment in a participating public hospital may prescribe PBS subsidised medication. Victoria, Queensland, South Australia, Western Australia and the Northern Territory have these arrangements.

Solvents

Where a solvent is prescribed as a part of a pharmaceutical benefit, only one patient contribution is charged.

Increased quantities

Where a prescriber has written an authority PBS prescription for a quantity greater than the maximum, the patient contribution should be made for each supply of the increased maximum quantity.

Regulation 24

For 'Regulation 24' PBS prescriptions, a pharmacist should charge the usual patient contribution for the original and for each repeat quantity needed to make up the total supply (plus any applicable special patient contribution, brand premium or therapeutic group premium, for the original and each repeat quantity in the total supply).

After hours

A pharmacist may charge an extra fee if supplying a PBS item outside normal trading hours. This charge is paid by the patient and does not count towards the safety net.

Delivery

A charge can be added for delivering pharmaceutical benefits from the pharmacy. This charge does not count towards the safety net. For RPBS delivery arrangements refer to the RPBS Explanatory Notes.

5. The Safety Net Scheme

The PBS safety net protects patients and their families requiring a large number of PBS or RPBS items. For the purposes of the scheme, the family includes the person:

- the partner or de facto partner;
- children under the age of 16 who are in the care and control of the person; or
- dependent full-time students under the age of 25.

The scheme requires pharmacists, on request by patients, to record the supply of PBS and RPBS items on prescription record forms. When a patient reaches the Safety Net threshold within a calendar year, they qualify to receive PBS or RPBS items at a cheaper price or free of charge for the rest of that year. Any applicable special patient contributions, brand premiums or therapeutic group premiums must still be met by the patient.

The safety net threshold is reached by accumulating eligible patient contributions for PBS prescriptions supplied through community pharmacies and private hospitals and for out-patient medication supplied by public hospitals.

Pharmaceutical benefits (including authority items) can only be counted towards the safety net threshold when prescribed and supplied according to PBS conditions. A medicine supplied by a pharmacist not approved to supply pharmaceutical benefits cannot count towards the safety net.

Prescriptions for some pharmaceutical benefits are not eligible for safety net arrangements if re-supplied within 20 days of supply of the same item for the same person and the patient contribution cannot count towards the safety net (see also details under '4. Patient Charges' and '7. How Pharmacists Claim Reimbursement'). This does not apply to out-patient medications in public hospitals or to any prescriptions originating from a hospital or day hospital facility.

There are separate arrangements for PBS prescriptions in certain public hospitals. To obtain pharmaceutical benefits under these arrangements a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner providing medical treatment or a midwife providing midwifery treatment or a nurse practitioner providing nurse practitioner treatment in a participating public hospital may prescribe PBS subsidised medication. Victoria, Queensland, South Australia, Western Australia and the Northern Territory have these arrangements.

Safety net thresholds

There are two safety net thresholds. The general patient safety net threshold is currently \$1317.20. When a person and/or their family's total applicable co-payments reach this amount, they may apply for a safety net concession card and pay the concessional co-payment amount of \$5.60 plus any applicable premium for pharmaceutical benefits for the rest of that calendar year.

The concessional safety net threshold is \$336.00 (this also applies to gold, white or orange card holders under the RPBS). When a patient and/or their family's total applicable co-payments reach this amount, they may apply for a safety net entitlement card and may receive pharmaceutical benefits free of charge (except for any applicable premium) for the rest of that calendar year.

Brand premiums, therapeutic group premiums and special patient contributions do not count towards the safety net thresholds.

The safety net thresholds are adjusted on 1 January each year in line with inflation.

Safety net cross-over arrangements

Some patients and/or members of their families will change between general patient and concessional patient status during a calendar year. Patients should apply for the safety net card appropriate to their status at the time they apply.

Concessional patients who were previously general patients can apply for a safety net entitlement card when they reach the concessional safety net threshold. In this case, any pharmaceutical benefits previously supplied at the general co-payment rate in that calendar year will be counted at the concessional rate per item.

General patients who were previously concessional patients can apply for a safety net concession card when they reach the general safety net threshold. In this case, any pharmaceutical benefits previously supplied at the concessional rate in that calendar year will be counted at the concessional rate per item.

In the case of families where one parent holds a concession card and other family members are general patients, the family can choose to apply for either a safety net entitlement card or a safety net concession card.

To receive a safety net entitlement card, all pharmaceutical benefits (including general pharmaceutical benefits) are counted at the concessional rate per item until the concessional threshold is reached. To receive a safety net concession card, general pharmaceutical benefits are counted at the general co-payment rate per item and concessional pharmaceutical benefits at the concessional rate per item, until the general safety net threshold is reached.

White DVA card holders may either be general or concessional patients (depending on their Centrelink entitlements). If they are receiving treatment for a specific disability accepted by the DVA, they are also supplied with specified items under the RPBS at the concessional rate per

item. Therefore, these patients are encouraged to maintain a concessional prescription record form, plus a general prescription record form for items not covered under the RPBS.

White card holders may choose at any time to count contributions made at the general level towards the concessional safety net threshold and receive credits equal to the concessional co-payment amount for each pharmaceutical benefit purchased. Alternatively, white card holders can count contributions at the concessional level towards the general safety net, and receive credits equal to the concessional co-payment amount for each pharmaceutical benefit purchased.

Gold or orange DVA card holders may receive all of their prescription items under the RPBS, and only pay the concessional co-payment amount for each item.

Dependants of white, gold or orange card holders are treated separately and may be either general patients or concessional patients. Their prescriptions may be included in the cross-over arrangements.

Recording PBS prescriptions

There are two types of prescription record forms to record PBS prescription items. A blue form, used for items obtained at community pharmacies and available from community pharmacies, Medicare offices and Medicare Australia; and a grey form, used by out-patients who pay for items at public hospital pharmacies and available from hospital out-patient departments or Medicare Australia.

Patients should record their general or concessional status on the prescription record form, enter their Centrelink, DVA and/or Safety Net Concession/Entitlement Card number, and list family members covered. General patients must also record their Medicare number when applying for a safety net concession card.

Details to be entered on the form by the pharmacist are:

- date of supply;
- PBS/RPBS code number of the item (for community pharmacies only);
- the safety net value of the item (for community pharmacies only);
- pharmacist's approval number (for community pharmacies only);
- item identification — medicine code, name of medicine or abbreviation (for public hospitals only);
- hospital charge (for public hospitals only);
- hospital safety net number (for public hospitals only); and
- signature of the authorised person making the entry.

Community pharmacists should record in the 'safety net value' column:

- the patient contribution when it is less than the PBS dispensed price; or
- the safety net value shown in the Schedule, or any lesser amount charged, if the PBS dispensed price is less than or equal to the patient contribution. The pharmacist may discount the price for these items.

Some computer software suppliers provide a special label to record this information on the prescription record forms. Some suppliers also provide a computer printout as a prescription record form.

The patient is responsible for maintenance and storage of their prescription record form. However, it may be kept in the pharmacy. A person (or family) may have more than one prescription record form.

Hospital prescription record forms

Items to be recorded on hospital prescription record forms must be approved by the hospital's pharmaceutical advisory committee and may be listed on a hospital's formulary (a list of pharmaceutical items approved by the committee for the treatment of particular illnesses), or authorised on a patient-by-patient basis.

Multi-item prescription forms

If a patient submits a multi-item PBS prescription form, which would take the total co-payments past the safety net threshold, any items in excess are treated as entitled items once a safety net entitlement/concession card is issued.

Excess items should be treated as 'deferred supply' items.

For example, if a family has a new PBS prescription for three items and the first takes the family up to the threshold, then this item should be supplied at the general rate. If the second item takes the family over the threshold, the pharmacist should then issue a safety net concession card and supply both this and the third item at the concessional rate. This involves the deferral of two items, recording the safety net concession card number, and the subsequent supply of these items.

Qualifying PBS prescriptions

A PBS prescription should be supplied at the concessional rate or free of charge plus any applicable premium, when the safety net value or hospital charge for that PBS prescription takes the total co-payments over the qualifying amount for a safety net entitlement/concession card.

Lost prescription record forms

If a prescription record form has been lost, stolen or destroyed, a pharmacist may prepare a duplicate copy, but is under no obligation to do so.

Retrospective entitlement and patient refunds

Responsibility for claiming entitlements rests with the patient. If items recorded on a prescription record form have exceeded the safety net threshold, the cost of those items in excess of the limit cannot be refunded by a pharmacist.

However, if the patient failed to apply for a safety net entitlement/concession card on reaching the safety net threshold they should write to Medicare Australia and provide copies of pharmacy accounts or a signed statement from the pharmacist giving the date of supply, description and cost of items supplied and paid for. A copy of the relevant prescription record form should also be provided. If these are not available, the patient should give the name of the pharmacy where the card was issued and the number on the card so that Medicare Australia can locate the prescription record form in its records. Cash refunds are not available. Medicare Australia contact details are provided in the 'Addresses — Medicare Australia' part of the Schedule.

If the patient cannot satisfy a pharmacist that they have a current entitlement and is charged the general patient price, the pharmacist should issue the patient with a receipt and a claim form (provided by Medicare Australia). The patient can then obtain a refund via Medicare offices or PBS processing centres. RPBS prescription refunds are paid at DVA State offices.

Medicare Australia can only pay refunds for PBS items supplied through approved pharmacies. Refunds for hospital supplied items should be referred to the relevant hospital or health department. Refunds cannot be made where the patient was charged the general or concessional amount instead of the safety net concessional or safety net entitlement amount as a result of the safety net 20 day rule. Receipts for prescriptions where the safety net 20 day rule has applied must include 'SN20DR' to indicate the reason for the amount charged.

There are separate arrangements for PBS prescriptions in some public hospitals. To obtain pharmaceutical benefits under these arrangements a patient must attend a participating public hospital and be a discharge patient or non-admitted patient. Only a medical practitioner providing medical treatment or a midwife providing midwifery treatment or a nurse practitioner providing nurse practitioner treatment in a participating public hospital may prescribe PBS subsidised medication. Victoria, Queensland, South Australia, Western Australia and the Northern Territory have these arrangements.

Applying for a Safety Net Entitlement/Concession Card

Once the safety net threshold has been reached, the person covered by a prescription record form may complete the application and declaration to get a safety net entitlement/concession card. Please note that software packages that produce computer generated applications must be approved by Medicare Australia.

If the card is issued to a dependent child or student, it should be in the name of a parent.

When issuing entitlement/concession cards, pharmacists do not have to check all prescription record form details. However, they should ensure each entry has been signed and that the prescription record form total qualifies the patient for the relevant safety net card.

When appropriate the pharmacist should check that the patient's Medicare card number is on the prescription record form.

Issuing a Safety Net Entitlement/Concession Card

When satisfied that the individual or family is entitled, the pharmacist should issue the next blank safety net entitlement/concession card with the following details:

- the names of family members covered. If there are more than eight family members, a second card should be issued listing the card holder and family members not listed on the first card. The prescription record form has space to record that two cards have been issued, and
- the two-character code to indicate the relationship to the card holder. Applicable codes are:
 - SP - partner;
 - DC - child under 16 years; and
 - DS - dependent full-time student under 25 years.

The pharmacist should be satisfied that only family members are listed on the card. The unused space on the card should be ruled through to prevent extra names being added. The sticky label from the safety net entitlement/concession card, pre-printed with the card number, should be attached to the prescription record form. The pharmacist should sign and stamp each prescription record form with the pharmacy stamp and enter the card issue details on a safety net — claim for payment form.

Issuing supplementary cards

A pharmacist may give a card holder a supplementary card for a partner or dependant only at the time the original card is issued. The duplicate card should be recorded in the additional box on the prescription record form.

Later requests for supplementary cards and requests to add a new family member to the original card are to be referred to Medicare Australia.

Notification to Medicare Australia and claim for payment

Payment for issuing a safety net entitlement/concession card is made after the safety net — claim for payment form is sent to Medicare Australia, no later than one month after a card is issued.

Each form must be accompanied by all supporting documentation (prescription record form and cancelled or void safety net entitlement/concession cards).

Payment will not be made for void cards.

Lost Safety Net Entitlement/Concession Cards

When a card has been lost, damaged, stolen or destroyed, a pharmacist cannot re-issue a person with a replacement card. The original card holder (or partner) must apply to Medicare Australia.

Pharmacy record of issued cards

A record of all cards issued must be kept at the pharmacy from which the pharmacist is approved to supply pharmaceutical benefits. The duplicate ('bookfast') copy in the safety net — claim for payment book is provided for this purpose.

6. Medicare Australia Entitlement Checks

General Patients

Medicare Australia validates a patient's entitlement to pharmaceutical benefits by checking Medicare and/or Veteran file numbers in pharmacist's claims. If a number is not recorded correctly, a patient cannot be identified against Medicare Australia's Pharmaceutical Benefits Entitlement File and entitlement cannot be established.

If the Medicare or Veteran file number provided in the pharmacists' claims is incorrect or the number and the name supplied do not match Medicare Australia records to enable patient identification, an appropriate warning or rejection code will be returned to the pharmacy. These notifications of missing or incorrect Medicare or Veteran file numbers are provided to pharmacists in their reconciliation statement produced after the claim period has been paid by Medicare Australia.

Special numbers are available for use in certain circumstances for eligible people who are unable to provide a Medicare number.

Concessional Patients

Medicare Australia routinely validates a patient's entitlement to free or concessional benefits by checking concessional numbers in pharmacists' claims. If a number is not recorded correctly, a patient cannot be identified against Medicare Australia's Pharmaceutical Benefits Entitlement File and entitlement cannot be established.

When a number is found to be from a card which was incorrect, expired at the time of supply or entitlement was withdrawn, warning or rejection codes will be returned to the pharmacy to assist with validation of concessional entitlement in relation to future claims from the same patient.

Entitlement checking procedures

General Patients

Once a pharmacist has been notified by Medicare Australia of an incorrect Medicare or Veteran file number he/she should correct the number for future claims by:

- updating his/her system to reflect the correct number provided by Medicare Australia (if patient consent to do so has been obtained); or
- speaking to the patient; or
- obtaining patient consent and calling Medicare Australia on the Improved Monitoring of Entitlements (IME) (132 290 — select option 1).

If the patient presents a Medicare card that appears correct, but according to Medicare Australia is not a valid number, or not a valid number for that person, a pharmacist may use a special number. A photocopy of the card, or a form must accompany the use of this number. The form is available on Medicare Australia's website or by calling 132 290.

Concessional Patients

Once a pharmacist has been notified by Medicare Australia of an incorrect concessional entitlement number, he/she should view the entitlement card to confirm the entitlement number, and start and end dates, when the patient next presents a PBS prescription.

Step by step

Pharmacists should take the following steps where concession entitlement does not appear to be valid or current:

- Re-confirm entitlement with the cardholder/customer;

- Contact Medicare Australia on 132 290, with consent, to confirm the cardholder/customer concession status;
- If Medicare Australia advises that the cardholder/customer is concessionally entitled to receive the PBS medicines on that day, supply the prescription as a concessional entitlement;
- If Medicare Australia advises that the cardholder/customer is not concessionally entitled to receive the PBS medicines on that day, supply as a general prescription. Provide the customer with the information sheet "Your entitlement card" which explains entitlement checking to the customer and the steps they can follow if they are concessionally entitled.

7. How Pharmacists Claim Reimbursement: Information Required

Medicare Australia uses a computerised system for pricing PBS prescriptions, repeat authorisations and emergency drug supply orders, and for calculating claims.

The payment system is designed to pay pharmacists correctly for the pharmaceutical benefits they supply. It is essential instructions are followed carefully and that each document includes all relevant information. Accurate and complete data ensures claim payment is not delayed.

PBS Prescription identification

Pharmacists must include certain information on each PBS prescription sent in for claim, as specified below. It is important that this information is entered correctly and in the right place on the PBS prescription. This information will be included in a sticker produced by pharmacy software.

The sticker should be placed on the extreme left front of a PBS prescription, opposite each item being claimed. It must not obscure any details written by the prescriber. Most prescribers use PBS prescriptions, which have space for the sticker. If a sticker is not used, a PBS prescription identification stamp can be used or the information can be written in the same place, and in the same order.

Pharmacists should avoid writing over, or placing the sticker over, the prescriber number pre-printed on PBS/RPBS prescriptions, or the prescriber number box on PBS dental and optometrist, midwife and nurse practitioner prescriptions.

The sticker is not necessary for current repeat authorisation, emergency drug supplies, or for old style authority PBS prescription and authority to prescribe forms, as they have printed spaces for the necessary details. However, it is required for the new format authority PBS prescription forms.

The following information should be entered next to the appropriate letter on the sticker or stamp:

- 'S' — the serial number for the claim
- 'A' —
 - a. the price claimed for pricing elected PBS prescriptions, exceptional PBS prescriptions and RPBS non-scheduled prescriptions (see under 'Extemporaneously-prepared pharmaceutical benefits not listed in the Standard Formulae List' for explanations of pricing elected PBS prescriptions and exceptional PBS prescriptions); and/or
 - b. confirmation that the PBS prescription is endorsed 'Regulation 24' or the RPBS prescription is endorsed 'hardship conditions apply'; and/or
 - c. a claim for a glass dropper bottle where applicable; and/or
 - d. any clarification of the prescription which will assist Medicare Australia payment processing.
- 'No.' — the PBS prescription identifying number.

Serial numbers

PBS prescription, repeat authorisation, authority PBS prescription, and emergency drug supplies forms submitted in each claim must bear consecutive serial numbers starting with:

- 1 – for emergency drug supplies;
- 1 – for general benefits;
- C1 – for concessional and Safety Net Concession Card benefits;
- E1 – for Safety Net Entitlement Card benefits; and
- R1 – for RPBS benefits.

Each serial number should also be noted on any document kept by the pharmacist for record purposes.

Each emergency drug supply item should be given a serial number, e.g., if there are five items on the first form in the claim, the first item on the second form in the claim will start with the serial number 6.

For prescriptions subject to the Safety Net 20 day rule, the serial number corresponds to the resulting payment category for the pharmaceutical benefit as supplied, not the patient's entitlement category.

Repeat authorisations for authority PBS prescriptions

When a benefit is supplied on a repeat authorisation which needed an authority PBS prescription, the serial number must be prefixed with the letter 'A' for a general benefit; 'AC' for a concessional benefit or a benefit supplied to a Safety Net Concession Card holder; 'AE' for a Safety Net Entitlement Card holder; or 'AR' for a RPBS benefit.

Repeat authorisations for deferred supply

When a benefit is supplied on a repeat authorisation prepared for deferred supply, the serial number must be prefixed with the letter 'D' for a general benefit; 'DC' for a concessional benefit or a benefit supplied to a Safety Net Concession Card holder; 'DE' for a Safety Net Entitlement Card holder; or 'DR' for a RPBS benefit.

Injectable item ordered with a solvent

When both an injectable item and a solvent are to be supplied, only one serial number is used. This number should be placed on the left hand side of the prescription, opposite the injectable item.

Dropper containers

Dispensed prices for extemporaneously-prepared eye drops, ear drops and nasal instillations include the price of a polythene dropper container. However, if a glass dropper container is supplied, payment should be claimed by writing 'glass bottle' in box 'A' of the stamp.

Extemporaneously-prepared pharmaceutical benefits not listed in the Standard Formulae List

When a formula is not listed on the Standard Formulae List, the PBS prescription is paid at an average of 10 g/mL rate for the type of preparation, unless the pharmacist elects otherwise. A pharmacist may price an exceptional PBS prescription, or elect to price all non-pre-priced extemporaneous PBS prescriptions.

PBS prescriptions paid on an average price basis

If the PBS prescription is to be claimed as an exceptional PBS prescription, the pharmacist should write details of the formula supplied on the PBS prescription or repeat authorisation form; price the PBS prescription in accordance with the pricing principles (as detailed in '9. Pricing PBS Prescriptions'); and enter the calculated price on the sticker.

An exceptional PBS prescription is for an extemporaneously-prepared pharmaceutical benefit that is not included in the Standard Formulae List and for which the price of the ingredients (based on basic pricing rules) is twice or more than the recovery price of the ingredients calculated on an average price basis. Further information on pricing PBS prescriptions can be accessed from the book let titled *Explanation of Current Pricing* on the Medicare Australia's website at www.medicareaustralia.gov.au (PBS publications for Health Care Providers).

Pricing non-pre-priced extemporaneous preparations

Pharmacists should notify Medicare Australia when they elect to price non-pre-priced extemporaneous preparations. Each PBS prescription should be priced in accordance with the pricing principles and that price entered on the sticker.

RPBS prescriptions for items not included in either the PBS or RPBS Schedule

When a prescription for a RPBS patient is for an item not included in either the PBS or the RPBS Schedule, the price claimed should be entered on the sticker. Full details on pricing and availability of such items under the RPBS are set out in the RPBS Explanatory Notes.

Payment to Pharmacists for Dispensing Premium-free Substitutable Medicines

Premium Free Dispensing Incentive payments will commence for eligible PBS listed products dispensed from 1 August 2008. Premium Free Dispensing Incentive payments will be available to approved suppliers to dispense a substitutable, premium-free medicine. The payment will be available only for PBS items which attract a Government subsidy. This includes PBS items supplied to DVA entitled consumers.

A number of conditions and criteria apply to receive this payment. Scripts will be assessed for validity and the Premium Free Dispensing Incentive payment will be paid by Medicare Australia. Further information on this payment can be found on the Medicare Australia website at: <http://www.medicareaustralia.gov.au/provider/pbs/pharmacists/reforms.shtml#dispensing>

8. How Pharmacists Claim Reimbursement: Documents to be Submitted

A claim for pharmaceutical benefits consists of:

- the original and duplicate of a completed Claim for Payment Form;
- the original orders for emergency drug supplies in a separate bundle;
- the originals of all old format PBS prescriptions and authority PBS prescriptions, the Medicare Australia/DVA copies of new format PBS prescriptions and authority PBS prescriptions, and all repeat authorisations, separated into four bundles for benefits supplied to the general public; concessional beneficiaries/Safety Net Concession Card holders; Safety Net Entitlement Card holders and RPBS patients.

PBS prescriptions in each bundle should be in serial number order, with serial number 1 at the top of the bundle.

PBS prescriptions subject to the Safety Net 20 day rule are bundled according to the resulting payment category. For prescription forms with multiple PBS items, where the Safety Net 20 day rule would result in different payment categories for different items, dispensing via 'deferred supply' should be used where necessary to allow all items to be included in the correct bundles.

PBS prescriptions in the wrong bundle may be returned to the pharmacist for clarification. If appropriate, they can be resubmitted in the correct bundle in the next claim period.

Completing the claim form

The claimant's name, address of the pharmacy from which the pharmacist is approved to supply pharmaceutical benefits, approval number, and claim period number should be entered on the Claim for Payment Form. These details should match the latest written information held by Medicare Australia, or payments can be delayed while clarification is sought.

The claim period number should state how many claims have been submitted so far in a calendar year, e.g., the sixth claim submitted by an approved pharmacist in 2005 should have a claim period number of 0506.

The first and last serial numbers given to items in each bundle are to be entered on the Claim for Payment Form.

A total claim amount is not required – this will be calculated by Medicare Australia after the PBS prescriptions have been individually priced.

The declaration must be signed by the pharmacist approved to supply pharmaceutical benefits, unless he/she has made arrangements through Medicare Australia for another pharmacist to sign it.

Lodging claims

A claim may be lodged at any time during the month at the relevant Medicare Australia State office. Unless other arrangements have been made with Medicare Australia, the following conditions apply:

- only one claim period can exist and only one claim can be lodged per month;
- the claim period shall cover pharmaceutical benefits supplied during one month; and
- the claim shall be sent within 30 days from when the benefits were supplied.

Claims for pharmaceutical benefits supplied over 18 months earlier may not be accepted for computer processing. Pharmacists with such claims should contact Medicare Australia.

Reconciliation statements

As mentioned earlier, a pharmacist will receive a PBS reconciliation statement after a claim period has been processed. It provides details of each prescription for each brand of each pharmaceutical benefit item supplied in that claim period.

Reasons for non-payment of any item are coded, with the code numbers explained in the statement.

PBS prescriptions and repeat authorisations not accepted for payment will be returned, with the exception of PBS prescriptions with a dispensed price equal to or less than the patient contribution. Any other items on those PBS prescriptions that have been paid will have been cancelled.

If a PBS prescription was not accepted and can be re-submitted, it must be given a new serial number and included in a subsequent claim period.

If a PBS prescription is finally rejected for payment and a pharmacist is not satisfied with the decision, he/she may apply to the Administrative Appeals Tribunal for a review of that decision.

9. Pricing PBS Prescriptions

Pricing principles

The same pricing principles apply to all PBS prescriptions.

For ready-prepared pharmaceutical benefits, payment is made on the basis of the lowest-priced brand.

For a pharmaceutical benefit not listed as a ready-prepared item, and where a formulation title is stated but no formulary specified, payment is made on the basis of precedence given to formularies by State/Territory legislation.

Prices published in the Schedule do not include any component for goods and services tax (GST).

Further information on pricing PBS prescriptions can be accessed from the booklet titled *Explanation of Current Pricing* on the Medicare Australia's website at www.medicareaustralia.gov.au (PBS publications for Health Care Providers).

Pricing dates

Ready-prepared pharmaceutical benefits are priced on the first day of April, August and December for items supplied as from each of those days respectively.

Extemporaneously-prepared pharmaceutical benefits and containers are priced on the first day of May each year for items supplied as from the first day of August that year.

Pricing ready-prepared items

For maximum quantities

The price payable for a pharmaceutical benefit is shown in the Schedule against the item. The price is for the maximum quantity available.

If the prescription is for an injectable item and solvent, the price of each is added together, but only one dispensing fee is payable.

The maximum quantity of some pharmaceutical benefits, such as eye drops and oral suspensions, has been determined as a single pack corresponding to the manufacturer's pack. These packs cannot be broken, so if a PBS prescription calls for less, the maximum quantity should be supplied and claimed from Medicare Australia. Packs not to be broken are indicated by a double dagger (‡) in the Schedule.

For lesser quantities

For items where the standard pack is the same as the maximum quantity, and the pack can be broken, the price payable for a lesser quantity is established as follows:

- an amount equal to the dispensing fee, and if applicable the dangerous drug fee, is deducted from the benefit price as shown in the Schedule;
- to this new amount, a wastage percentage is applied, determined from the Wastage Factor Table;
- then the amount equal to the dispensing fee, dangerous drug fee (if applicable), and appropriate container fee, is added.

In no case shall the price for a broken quantity be more than the dispensed price of the Schedule's maximum quantity.

When a standard pack is not the same as the maximum quantity, the price of the pharmaceutical benefit concerned has an asterisk next to it and the standard pack rate is set out in Section 3 of the Schedule. The price payable for the quantity supplied is established by:

- applying the appropriate wastage table percentage to the standard pack rate;
- then adding an amount equivalent to the dispensing fee, the dangerous drug fee where applicable, and the appropriate container fee.

In no case shall the supply of a broken quantity, which is less than the item's maximum quantity, cost more than the dispensed price for the maximum quantity.

No container fee is payable when the quantity of pharmaceutical benefit supplied is more than the quantity contained in the standard pack.

Wastage table percentage

The following Wastage Factor Table is used to calculate the price payable for quantities supplied from the standard pack.

Wastage Factor Table

Column A - 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, 100

Column B - 10, 18, 26, 32, 38, 44, 50, 54, 58, 62, 66, 70, 74, 78, 82, 86, 90, 94, 98, 100

The appropriate wastage table percentage is as follows:

- the percentage of the amount supplied from the amount in the standard pack is determined; and
- where this percentage is the same as a percentage listed in Column A of the table, the percentage used is the figure shown in Column B; or
- where the percentage is not the same as a percentage in Column A, then the nearest upward percentage in Column A applies, and the percentage used is the figure in Column B.

For example, 24 tablets are supplied from a standard pack of 100. Thus 24 per cent of the number contained in the standard pack is supplied. As this percentage does not appear in Column A, the next higher (i.e., 25 per cent) is used. Reading down from 25 per cent to Column B, the wastage table percentage is found to be 38 per cent.

Pricing extemporaneously-prepared items

General

The price payable for supplying the maximum quantity of standard formula preparations is shown in the Standard Formulae List.

The following principles apply in determining prices of all pre-priced extemporaneous formulae on the list.

They also apply when a pharmacist elects to price extemporaneous PBS prescriptions outside the list, including exceptional PBS prescriptions.

The amount payable is the sum of:

- the recovery price of each ingredient as shown in the Drug Tariff;
- the price of the appropriate container as shown in the price section; and

- a dispensing fee as shown in the price section.

Pricing of ingredients

When the quantity dispensed is not specified in the Drug Tariff, the recovery price is as follows:

1. determine the basic pricing unit relative to the quantity dispensed by referring to the following table:

Quantity	Basic Pricing Unit
Up to and including 700 mg	100 mg price rate
Over 700 mg and up to and including 1 g	price as if 1 g
Over 1 g and up to and including 7 g	1 g price rate
Over 7 g and up to and including 10 g	price as if 10 g
Over 10 g and up to and including 80 g	10 g price rate
Over 80 g and up to and including 90 g	price as if 80 g
Over 90 g	100 g price rate

2. find the recovery price of the basic pricing unit by applying the following quantity divisors to the recovery price shown for the ingredient in the Drug Tariff:
 - 100 g price is 500 g price divided by 5, or 1 kg price divided by 10
 - 10 g price is 100 g price plus 12.5 per cent divided by 10
 - 1 g price is 10 g price plus 25 per cent divided by 10
 - 100 mg price is 1 g price plus 25 per cent divided by 10
1. find the recovery price by multiplying the price of the basic pricing unit – as established in 2 – by the fraction that the quantity dispensed bears to the basic pricing unit.

For pricing purposes the quantity is to be taken to the next upward 50 milligrams or 0.05 millilitres.

The minimum recovery price for any ingredient is one cent. In other cases where a fraction of a cent occurs, the price is to be taken to the nearest cent (a half cent being taken up to the next cent).

In no case shall the recovery price for a quantity of an ingredient exceed the recovery price for a greater quantity of that ingredient.

Where liquids are purchased by weight, the recovery price includes the 'Specific Gravity Factor'.

Special pricing provisions apply to drugs marked '(a)' or '(b)' in the Drug Tariff.

For drugs marked '(a)', the pricing rules shown above apply to quantities up to the quantity listed in the Drug Tariff. Greater quantities are priced on a linear basis: the recovery price is ascertained by multiplying the fraction that the quantity dispensed bears to the quantity listed in the Drug Tariff by the price shown for the quantity listed.

Drugs marked '(b)' are packed sterile or are unstable, and all quantities are priced as if whole pack(s) were required. The recovery price is ascertained by multiplying the fraction that the quantity dispensed bears to the quantity listed in the Drug Tariff, taken to the next whole number, by the price shown for the quantity listed.

Pricing PBS prescriptions where extra ingredients are added to a formula

Where the vehicle is liquid and one or more solid ingredients are added, displacement of the liquid by the solid ingredients is disregarded for pricing purposes.

Containers

When a quantity is for more than the container sizes listed in this Schedule, payment will be made as if that quantity had been supplied in the minimum number of containers necessary to supply that quantity.

A double size container is allowed for bulk powders.

Special provisions for extemporaneous PBS prescriptions outside the Standard Formulae List

If a pharmacist elects to price extemporaneous PBS prescriptions outside the Standard Formulae List, there can be no variation for three months. This applies to all extemporaneously-prepared formulae not on the list, and includes both PBS and RPBS prescriptions.

If a pharmacist does not elect to price out these PBS prescriptions, he/she will be paid at an average reimbursement rate.

Under this system, payment is made on the basis of an average 10 g/mL rate applied to the category of preparation concerned, i.e., the price will be determined by multiplying the appropriate 10 g/mL rate by the number of 10 g/mL units supplied and adding container and dispensing fees. For example, an 80 mL mixture would be priced at eight times the average 10 mL rate for mixtures, with container and dispensing fee added.

The average 10 g/mL rate for each type of preparation is calculated monthly. It applies to PBS prescriptions supplied in the following month.

PBS prescriptions ordering a combination of standard formula preparations fall outside the scope of the Standard Formulae List and therefore are subject to this section.

Any variant to a formula included in the list (adding or deleting an ingredient or varying the dose) takes the formula dispensed outside the list.

When an ingredient is added to a standard formula and the recovery price for the standard formula plus additive under the average price system is less than for the standard formula alone, the pharmacist may have the PBS prescription priced as a basic standard formula item.

10. Miscellaneous

References

This Schedule identifies monographs of the British Pharmacopoeia, the British Pharmaceutical Codex, and the Australian Pharmaceutical Formulary and Handbook by the letters BP, BPC and APF respectively. References to all editions of the BPC and to earlier editions of the BP and APF also include the year of publication or the number of the edition.

Standards

Pharmacists can only supply under the PBS medicines which, or whose ingredients, conform to the standards of composition or purity prescribed. These standards are those specified in the *Therapeutic Goods Act 1989*.

Legislation

Copies of the *National Health Act 1953* and the *National Health (Pharmaceutical Benefits) Regulations 1960* are available from Government AusInfo shops in each capital city. The Act and the Regulations may also be accessed through the Attorney-General's Department website at www.comlaw.gov.au.

Nurse practitioner PBS prescribing

MEDICINES WHICH MAY BE PRESCRIBED BY AUTHORISED NURSE PRACTITIONERS

From 1 September 2010, nurse practitioners endorsed to prescribe under state or territory legislation can apply for approval as PBS prescribers (*authorised nurse practitioners*). Information for nurse practitioners to become authorised PBS prescribers is available from Medicare Australia.

The medicines listed for prescribing by authorised nurse practitioners are identified by 'NP' in the PBS Schedule. Nurse practitioners must not write PBS prescriptions for other medicines.

PBS prescribing is limited by a nurse practitioner's scope of practice, and state and territory prescribing rights. Prescribing of PBS medicines is also contingent on a prescriber being an *authorised nurse practitioner* and having collaborative arrangements in place, as required by amendments to the *National Health Act 1953*.

The Pharmaceutical Benefits Advisory Committee (PBAC) is responsible for making recommendations to the Minister for Health and Ageing regarding medicines for prescribing by authorised nurse practitioners.

Further to prescribing within collaborative arrangements, certain medicines also have additional conditions for prescribing by nurse practitioners, as recommended by the PBAC. These medicines are identified by the codes 'CTO' for continuation therapy only or 'SCM' for prescribing within a shared care model, as outlined below:

- *Continuing therapy only model*

Where the patient's treatment and prescribing of a medicine has been initiated by a medical practitioner, but prescribing is continued by a nurse practitioner. (This is similar to existing arrangements between specialists and medical practitioners for prescribing certain medicines.)

- *Shared care model*

Where care is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed plan to manage the patient, in a patientcentred model of care. The details surrounding shared care arrangements will depend on the practitioners involved, patient needs and the healthcare context.

Some medicines are included in more than one section of the Schedule, and for more than one prescriber type. For a prescription to be eligible for subsidy, prescribers must ensure that they prescribe under the PBS only those medicines, and in accordance with the restrictions, listed for their prescriber type. Listing details for the same product may differ between sections and different PBS item codes apply for each prescriber type.

Nurse practitioner PBS prescriptions are identifiable by colour, and include the indicator 'NP' on personalised forms and a tick box on non-personalised (blank) forms.

Prescriptions must include the nurse practitioner's PBS prescriber number. For unrestricted and restricted PBS medicines, midwives/nurse practitioners can use the personalised or non-personalised PBS prescriber forms. For authority required and authority required (streamlined)

PBS medicines, midwives/nurse practitioners can use the authority personalised or non-personalised PBS prescriber forms. Nurse practitioner PBS prescriptions may include repeats.

Regulation 24 applies for nurse practitioner prescribing. A nurse practitioner can direct that original and repeat supplies of pharmaceutical benefits be supplied at the one time, if certain conditions are satisfied.

Authority prescriptions: Authority prescriptions for authority required items, or for increased quantities or repeats, require prior approval from Medicare Australia for each prescription. (Refer to Prescribing Medicines — Information for PBS prescribers and Supplying medicines — What Pharmacists Need to Know, for more information on authority prescriptions.)

State and territory requirements: Nurse practitioners may prescribe medicines as private prescriptions according to their state/territory prescribing accreditation. The medicines which can be prescribed differ between states and territories. It is the nurse practitioner's responsibility to ensure adherence to State/Territory law for all prescriptions (PBS and private) and additionally to all PBS requirements for PBS prescriptions.

Midwife PBS prescribing

MEDICINES WHICH MAY BE PRESCRIBED BY AUTHORISED MIDWIVES

From 1 September 2010, midwives endorsed to prescribe under state or territory legislation can apply for approval as PBS prescribers (*authorised midwives*). Information for midwives to become authorised PBS prescribers is available from Medicare Australia.

The medicines listed for prescribing by authorised midwives are identified by 'MW' in the PBS Schedule. Midwives must not write PBS prescriptions for other medicines.

PBS prescribing by midwives is limited by state and territory prescribing rights. It is also contingent on a prescriber being an *authorised midwife* and having collaborative arrangements in place, as required by amendments to the *National Health Act 1953*.

The Pharmaceutical Benefits Advisory Committee (PBAC) is responsible for making recommendations to the Minister for Health and Ageing regarding medicines for prescribing by authorised midwives.

Some medicines are included in more than one section of the Schedule, and for more than one prescriber type. For a prescription to be eligible for subsidy, prescribers must ensure that they prescribe under the PBS only those medicines, and in accordance with the restrictions, listed for their prescriber type. Listing details for the same product may differ between sections and different PBS item codes apply for each prescriber type.

Midwife PBS prescriptions are identifiable by colour, and include the indicator 'MW' on personalised forms and a tick box on non-personalised (blank) forms. Prescriptions must include the midwife's PBS prescriber number. For unrestricted and restricted PBS medicines, midwives/nurse practitioners can use the personalised or non-personalised PBS prescriber forms. For authority required and authority required (streamlined) PBS medicines, midwives/nurse practitioners can use the authority personalised or non-personalised PBS prescriber forms. Midwife PBS prescriptions may include repeats.

Regulation 24 applies for midwife prescribing. A midwife can direct that original and repeat supplies of pharmaceutical benefits be supplied at the one time, if certain conditions are satisfied.

Authority prescriptions: Authority prescriptions for authority required items, or for increased quantities or repeats, require prior approval from Medicare Australia for each prescription. (Refer to Prescribing Medicines—Information for PBS prescribers and Supplying Medicines — What Pharmacists Need to Know, for more information on authority prescriptions.)

State and Territory requirements: Midwives may prescribe medicines as private prescriptions according to their state/territory prescribing accreditation. The medicines which can be prescribed differ between states and territories. It is the midwife's responsibility to ensure adherence to state/territory law for all prescriptions (PBS and private) and additionally to all PBS requirements for PBS prescriptions.

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Section 2

Emergency Drug Supplies

Special Pharmaceutical Benefits

General Pharmaceutical Benefits

Pharmaceutical Benefits for Palliative Care

Pharmaceutical Benefits for Dental Use

Pharmaceutical Benefits for Optometrical Use

Items Available Under Special Arrangements (s.100)

SYMBOLS USED IN THE SCHEDULE

An asterisk (*) against the dispensed price of a benefit indicates that the manufacturer's pack does not coincide with the maximum quantity.

A double dagger (†) in the maximum quantity column indicates an item for which the maximum quantity has been specially determined to correspond to the manufacturer's pack and the manufacturer's standard pack should be prescribed and supplied. For any item where a maximum quantity greater than 1 is marked with a double dagger (†), that maximum quantity should be prescribed and supplied.

A gauge sign (#) against the dispensed price of a benefit indicates that the product is not preconstituted and that an extemporaneously-prepared dispensing fee is included in the dispensed price and, where appropriate, an amount for purified water.

Where a STATE is indicated after a manufacturer's code, that brand may be available only in the State indicated. NSW-(N); Vic-(V); Qld-(Q); SA-(S); WA-(W); Tas-(T).

RESTRICTED BENEFITS

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

A straight line is drawn between entries for different forms and strengths of an item to indicate clearly the different restrictions which apply to these various forms and strengths.

The maximum quantity and/or number of repeats in respect of an item shown in the Schedule may be varied by the Chief Executive Officer of Medicare Australia when approving an Authority Prescription or an Authority to Prescribe. The quantity and number of repeats shown on the authority shall be supplied. (See Explanatory Notes). Payment will be made on the basis of the price shown for that item in the Schedule.

CODES FOR INJECTABLE ITEMS WITH ALLOWABLE SOLVENTS

The entry in this schedule of those pharmaceutical benefit injectable items which require a solvent includes the codes of the items with the relevant solvents. For each such item the code is for the injectable with 10mL sodium chloride injection 9 mg per mL (0.9%).

BRAND EQUIVALENCE

'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.

'b' attached to brand names indicates that these brands are also equivalent, but that it is not known if there is equivalence between brands marked 'a' and brands marked 'b'.

BRAND PREMIUM POLICY

The Brand Premium Policy was introduced on 1 December 1990 to increase price competition by allowing pharmaceutical manufacturers to set their own price on multi-branded items listed on the Pharmaceutical Benefits Scheme and to encourage the development of the generic pharmaceutical industry in Australia. The policy does this by increasing prescribers' and patients' consciousness about the price of drugs. In effect, it makes both groups question whether it is necessary for the patient to pay more for the drugs when a cheaper brand is available. The policy also allows companies to establish prices taking into account competition and consumer acceptance.

The policy operates where there is more than one brand of a particular drug available through the Pharmaceutical Benefits Scheme and where the brands are therapeutically interchangeable. Due to this, the policy mainly applies to out of patent drugs.

Basically the policy operates by:

- the Australian Government subsidising a drug to the level of the lowest priced brand (except in those instances where the lowest priced brand has, as part of its price, a therapeutic group premium);
- suppliers of other brands of that drug being able to set a price above the price charged by the supplier(s) of the lowest priced brand(s); and
- the patient paying the brand premium which is the price difference between the lowest price brand and the brand prescribed.

If a prescription is written generically or for the lowest priced brand, and the lowest priced brand is supplied, there is no brand premium payable.

'B' located immediately before an amount in the premium column indicates a brand premium which applies to that particular brand of the item.

If a brand of a drug which is subject to a therapeutic group premium also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'T' and 'B' respectively.

If a brand of a drug which is subject to a special patient contribution also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'S' and 'B' respectively.

THERAPEUTIC GROUP PREMIUM POLICY

The Therapeutic Group Premium Policy was introduced on 1 February 1998 as an extension of the Brand Premium Policy to encourage greater competition between manufacturers of drugs and to make doctors and patients more aware of the costs of medicines.

The Therapeutic Group Premium policy applies within narrowly defined therapeutic sub-groups where the drugs concerned are of similar safety, efficacy and health outcomes.

Basically the policy operates by:

- the Australian Government subsidising drugs within a defined therapeutic sub-group to the level of the lowest priced drug in the sub-group;
- suppliers of other drugs within that sub-group being able to set prices above the price charged by the supplier(s) of the lowest priced drug; and
- the patient paying the therapeutic group premium which is the price difference between the lowest price drug and the drug prescribed.

'T' located immediately before an amount in the premium column indicates a therapeutic group premium which applies to that particular item.

If a brand of a drug which is subject to a therapeutic group premium also has a brand premium, there will be two amounts shown on separate lines in the premium column, prefixed by 'T' and 'B' respectively.

The success of the Government in controlling prices of products supplied through the Pharmaceutical Benefits Scheme has often been criticised by the pharmaceutical industry. Under both the Brand Premium Policy and the Therapeutic Group Premium Policy, suppliers of multi-branded items and therapeutically similar drugs are able to set their own prices at a level that they think the market will bear. At the same time, the prescriber and the patient can decide whether it is necessary to pay more for a particular brand or drug when a cheaper one is available and is therapeutically interchangeable.

The brand premium or therapeutic group premium does not count toward the patient's safety net.

It should be noted that the brand premium or therapeutic group premium is not a Government charge or revenue. The premium arises from the manufacturer's price and the majority goes to the manufacturer with wholesalers and pharmacists receiving a small percentage.

Emergency Drug Supplies

EMERGENCY DRUG SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty \$	Proprietary Name and Manufacturer	
3451P NP	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	20.34	Link Medical Products Pty Ltd	LM
3453R NP	ATROPINE Injection containing atropine sulfate 600 micrograms in 1 mL	10	20.54	Pfizer Australia Pty Ltd	PF
3455W NP or	CHLORPROMAZINE HYDROCHLORIDE Injection 50 mg in 2 mL or	10	20.48	Largactil	SW
3456X NP	HALOPERIDOL Injection 5 mg in 1 mL	10	22.28	Serenace	QA
3457Y NP	BENZTROPINE MESYLATE Injection 2 mg in 2 mL	5	103.59	Cogentin	FK
3458B NP	DIAZEPAM Injection 10 mg in 2 mL	5	12.29	Hospira Pty Limited	HH
3460D NP	DIHYDROERGOTAMINE MESYLATE Injection 1 mg in 1 mL	5	17.06	Dihydergot	NV
3463G NP	DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE Injection 0.5 mL in pre-filled syringe	20	*275.02	ADT Booster	CS
3466K NP	FRUSEMIDE Injection 20 mg in 2 mL	5	9.62	^a Frusemide Sandoz	SZ
				^a Lasix	SW
				^a Frusemide-Claris	AE
3467L NP	GLUCAGON HYDROCHLORIDE Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	45.63	GlucaGen Hypokit	NO
3472R NP	DEXAMETHASONE SODIUM PHOSPHATE Injection equivalent to 4 mg dexamethasone phosphate in 1 mL	5	16.22	^a Hospira Pty Limited	HH
				^a Dexmethsone	AS
or 3470P NP or	or HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 100 mg hydrocortisone with 2 mL solvent or	2	*16.52	Solu-Cortef	PF
3471Q NP	HYDROCORTISONE SODIUM SUCCINATE Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	15.54	Solu-Cortef	PF
3473T NP	HYOSCINE BUTYLBROMIDE Injection 20 mg in 1 mL	5	24.21	Buscopan	BY
3474W NP	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	5	37.33	Pfizer Australia Pty Ltd	PF
3475X NP	GLYCERYL TRINITRATE Sublingual spray (pump pack) 400 micrograms per dose (200 doses)	‡1	20.13	Nitrolingual Pumpspray	SW
3476Y NP or	METOCLOPRAMIDE HYDROCHLORIDE Injection 10 mg in 2 mL or	10	12.99	Maxolon	VT
3477B NP	PROCHLORPERAZINE Injection containing prochlorperazine mesylate 12.5 mg in 1 mL	10	16.82	Stemetil	SW
3478C NP	CLONAZEPAM Oral liquid 2.5 mg per mL, 10 mL	‡1	10.73	Rivotril	RO

EMERGENCY DRUG SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty \$	Proprietary Name and Manufacturer	
3479D <i>NP</i>	MORPHINE SULFATE Injection 15 mg in 1 mL	5	14.35	Hospira Pty Limited	HH
Or	Or				
3480E <i>NP</i>	MORPHINE SULFATE Injection 30 mg in 1 mL	5	15.77	Hospira Pty Limited	HH
3482G <i>NP</i>	NALOXONE HYDROCHLORIDE Injection 2 mg in 5 mL	2	*78.08	Naloxone Min-I-Jet	CS
3484J <i>NP</i>	TRAMADOL HYDROCHLORIDE Injection 100 mg in 2 mL	5	13.10	^a Tramal 100	CS
				^a Tramahexal	SZ
3486L <i>NP</i>	BENZYL PENICILLIN Powder for injection 600 mg	10	*42.92	BenPen	CS
Or	Or				
3485K <i>NP</i>	PROCAINE PENICILLIN Injection 1.5 g	5	92.22	Cilicaine	QA
3487M <i>NP</i>	BENZYL PENICILLIN Powder for injection 3 g	1	12.75	BenPen	CS
3488N <i>NP</i>	PROMETHAZINE HYDROCHLORIDE Injection 50 mg in 2 mL	10	*22.32	Hospira Pty Limited	HH
3489P	METHOXYFLURANE Liquid for inhalation 999.9 mg per g, 3 mL (with inhaler)	1	44.78	Penthrox	NQ
3491R <i>NP</i>	TERBUTALINE SULFATE Injection 500 micrograms in 1 mL	5	30.59	Bricanyl	AP
3494X <i>NP</i>	VERAPAMIL HYDROCHLORIDE Injection 5 mg in 2 mL	5	12.38	Isoptin	AB
3495Y <i>NP</i>	SALBUTAMOL SULFATE Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	‡1	10.12	^a Asmol CFC-free	AL
				^a Airomir	IA
				^a APO-Salbutamol Inhaler	TX
				^a Ventolin CFC-free	GK
3495Y <i>NP</i>	SALBUTAMOL SULFATE Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	‡1	11.28	^a Asmol 2.5 uni-dose	AF
Or	Or				
3496B <i>NP</i>	SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	12.37	^a GenRx Salbutamol	GX
				^a Butamol 2.5	QA
				^a Pharmacor Salbutamol 2.5	CR
				^a Salbutamol Sandoz	SZ
				^a Salbutamol-GA	GM
3496B <i>NP</i>	SALBUTAMOL SULFATE Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	‡1	13.04	^a Ventolin Nebules	GK

EMERGENCY DRUG SUPPLIES

Code	Name, Manner of Administration and Form	Max. Qty	Dispensed Price for Max. Qty \$	Proprietary Name and Manufacturer
3497C NP	SALBUTAMOL SULFATE Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	1	12.70	^a Asmol 5 uni-dose AF
				^a GenRx Salbutamol GX
				^a Butamol 5 QA
				^a Pharmacor Salbutamol 5 CR
				^a Salbutamol Sandoz SZ
				^a Salbutamol-GA GM
3497C NP	SALBUTAMOL SULFATE Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	1	13.38	^a Ventolin Nebules GK

Special Pharmaceutical Benefits

SPECIAL PHARMACEUTICAL BENEFITS

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 32.

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Reimbursement Price for Max. Qty \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer	
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GENERAL PHARMACEUTICAL BENEFITS

1888J NP	AMOXYCILLIN Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	§0.61	#13.23	#13.84	14.67	Amoxil	GK
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AMOXYCILLIN

Authority required

Treatment of infections suspected or proven to be due to a susceptible organism in patients who require a liquid formulation and in whom the syrup formulations are unsuitable.

9714G NP	Powder for paediatric oral drops 100 mg per mL, 20 mL	‡1	1	..	#13.84	#13.84	15.28	Amoxil	GK
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NARATRIPTAN

Caution

Naratriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Authority required

Migraine attack in a patient where attacks in the past have usually failed to respond to analgesics.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8298R NP	Tablet 2.5 mg (as hydrochloride)	4	5	§2.78	*25.90	*28.68	26.99	Naramig	GK
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NARATRIPTAN

Caution

Naratriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Authority required

Migraine attack in a patient where attacks in the past have usually failed to respond to analgesics, and where:

- (a) adverse events have occurred with other suitable PBS-listed drugs; or
- (b) drug interactions have occurred with other suitable PBS-listed drugs; or
- (c) drug interactions are expected to occur with other suitable PBS-listed drugs; or
- (d) transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance; or
- (e) transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9734H NP	Tablet 2.5 mg (as hydrochloride)	4	5	..	*28.68	*28.68	29.77	Naramig	GK
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ZOLMITRIPTAN

Caution

Zolmitriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

SPECIAL PHARMACEUTICAL BENEFITS

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 32.

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Reimbursement Price for Max. Qty \$	Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$	Brand Name and Manufacturer	
<u>Authority required</u>									
Migraine attack in a patient where attacks in the past have usually failed to respond to analgesics.									
<u>Note</u>									
No applications for increased maximum quantities and/or repeats will be authorised.									
<u>Note</u>									
Continuing Therapy Only:									
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.									
8266C	Tablet 2.5 mg	4	5	\$2.76	*25.84	*28.60	26.93	Zomig	AP
NP									

ZOLMITRIPTAN

Caution

Zolmitriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Authority required

Migraine attack in a patient where attacks in the past have usually failed to respond to analgesics, and where:

- (a) adverse events have occurred with other suitable PBS-listed drugs; or
- (b) drug interactions have occurred with other suitable PBS-listed drugs; or
- (c) drug interactions are expected to occur with other suitable PBS-listed drugs; or
- (d) transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance; or
- (e) transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9736K NP	Tablet 2.5 mg	4	5	..	*28.60	*28.60	29.69	Zomig	AP
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PHARMACEUTICAL BENEFITS FOR DENTAL USE

AMOXYCILLIN

3310F	Powder for paediatric oral drops 100 mg per mL, 20 mL	\$1	..	\$0.61	#13.23	#13.84	14.67	Amoxil	GK
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General Pharmaceutical Benefits

Alimentary tract and metabolism

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	
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Alimentary tract and metabolism

Stomatological preparations

Stomatological preparations

Antiinfectives and antiseptics for local oral treatment

2931G <i>NP</i>	AMPHOTERICIN Lozenge 10 mg	20	1	..	12.03	13.12	Fungilin	QA
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3033P <i>NP</i>	NYSTATIN Oral suspension 100,000 units per mL, 24 mL	1	1	..	11.14	12.23	Mycostatin	FM
							Nilstat	QA

Other agents for local oral treatment

BENZYDAMINE HYDROCHLORIDE

Restricted benefit

Radiation induced mucositis.

1121B <i>NP</i>	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	1	1	..	22.26	23.35	Diffiam	IA
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Drugs for acid related disorders

Antacids

Combinations and complexes of aluminium, calcium and magnesium compounds

2157M <i>NP</i>	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE Oral suspension 200 mg-200 mg per 5 mL, 500 mL	2	5	..	*17.70	18.79	Mylanta P	JT
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2159P <i>NP</i>	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE Oral suspension 250 mg-120 mg-120 mg per 5 mL, 500 mL	2	5	..	*17.70	18.79	Gastrogel	FM
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Drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)

H₂-receptor antagonists

Note

The base-priced drugs in this therapeutic group are cimetidine, nizatidine and ranitidine hydrochloride (except ranitidine hydrochloride effervescent tablet 150 mg (base) and syrup 150 mg (base) per 10 mL, 300 mL).

CIMETIDINE

Note

Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

1158Y <i>NP</i>	Tablet 400 mg	60	5	..	18.48	19.57	Magicul 400	AF
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1159B <i>NP</i>	Tablet 800 mg	30	5	..	18.48	19.57	Magicul 800	AF
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FAMOTIDINE

Note

Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

2487X <i>NP</i>	Tablet 20 mg	60	5	..	14.22	15.31	^a Ausfam 20	QA
							^a Chem mart Famotidine	CH
							^a Famotidine Sandoz	SZ

Alimentary tract and metabolism

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	GenRx Famotidine GX
							a	Pamacid 20 AF
							a	Pepzan GM
							a	Terry White Chemists Famotidine TW
2488Y <i>NP</i>	Tablet 40 mg	30	5	..	14.22	15.31	a	Ausfam 40 QA
							a	Chem mart Famotidine CH
							a	Famotidine Sandoz SZ
							a	GenRx Famotidine GX
							a	Pamacid 40 AF
							a	Pepzan GM
							a	Terry White Chemists Famotidine TW
				^B 3.84	18.06	15.31	a	Pepcidine MK
NIZATIDINE								
Note								
Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.								
1504E <i>NP</i>	Capsule 300 mg	30	5	..	18.43	19.52	a	Nizac LN
							a	Tacidine AF
				^B 5.32	23.75	19.52	a	Tazac AS
1505F <i>NP</i>	Capsule 150 mg	60	5	..	18.43	19.52	a	Nizac LN
							a	Tacidine AF
				^B 5.32	23.75	19.52	a	Tazac AS
RANITIDINE HYDROCHLORIDE								
Note								
Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.								
1937Y <i>NP</i>	Effervescent tablet 150 mg (base)	60	5	^T 3.16	*20.48	18.41		Zantac GK
1977C <i>NP</i>	Tablet 300 mg (base)	30	5	..	17.30	18.39	a	Ausran QA
							a	Chem mart Ranitidine CH
							a	GenRx Ranitidine GX
							a	Rani 2 AF
							a	Ranitidine Sandoz SZ
							a	Terry White Chemists Ranitidine TW
							a	Ulcaid RA
				^B 2.35	19.65	18.39	a	Zantac GK
1978D <i>NP,MW</i>	Tablet 150 mg (base)	60	5	..	17.30	18.39	a	Ausran QA
							a	Chem mart Ranitidine CH
							a	GenRx Ranitidine GX
							a	Rani 2 AF
							a	Ranitidine-PS FZ
							a	Ranitidine Sandoz SZ
							a	Ranoxyl GM
							a	Terry White TW

Alimentary tract and metabolism

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	
							Chemists Ranitidine	
							^a Ulcaid	RA
				^B 2.35	19.65	18.39	^a Zantac	GK
8162N NP	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	^T 2.20	*26.72	25.61	Zantac Syrup	GK

RANITIDINE HYDROCHLORIDE

Note

Helicobacter pylori eradication therapy should be considered prior to commencing initial treatment of peptic ulcer with this drug.

Authority required

Adverse effects occurring with all of the base-priced drugs;

Drug interactions occurring with all of the base-priced drugs;

Drug interactions expected to occur with all of the base-priced drugs;

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.

8903N NP	Effervescent tablet 150 mg (base)	60	5	..	*20.48	21.57	Zantac	GK
8905Q NP	Syrup 150 mg (base) per 10 mL, 300 mL	2	5	..	*26.72	27.81	Zantac Syrup	GK

Prostaglandins

MISOPROSTOL

Caution

Misoprostol is a prostaglandin analogue. It should not be used in pregnant women.

Authority required (STREAMLINED)

2630

Reduction in the incidence of gastrointestinal complications in patients who have a history of peptic ulcer disease and where NSAID therapy is essential;

2631

Duodenal ulcer (including pyloric and stomal ulcers), proven by current or prior x-ray, endoscopy or surgery. The date and the method by which the ulcer was proven must be documented in the patient's medical records when treatment is initiated;

2632

Gastric ulcer, proven by x-ray, endoscopy or surgery within the previous 2 years. The date and the method by which the ulcer was proven must be documented in the patient's medical records when treatment is initiated.

1648R	Tablet 200 micrograms	120	2	..	52.12	35.40	Cytotec	PF
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Proton pump inhibitors

ESOMEPRAZOLE MAGNESIUM TRIHYDRATE

Restricted benefit

Initial treatment of gastric ulcer.

Note

Helicobacter pylori eradication therapy should be considered.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8886Q NP	Tablet (enteric coated), equivalent to 20 mg esomeprazole	30	1	..	30.04	31.13	Nexium	AP
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ESOMEPRAZOLE MAGNESIUM TRIHYDRATE

Restricted benefit

Healing of gastro-oesophageal reflux disease.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8601Q NP	Tablet (enteric coated), equivalent to 40 mg esomeprazole	30	1	..	45.69	35.40	Nexium	AP
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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
ESOMEPRAZOLE MAGNESIUM TRIHYDRATE							
<u>Restricted benefit</u>							
Maintenance of healed gastro-oesophageal reflux disease;							
Scleroderma oesophagus;							
Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion.							
<u>Note</u>							
No applications for increased maximum quantities will be authorised.							
8600P <i>NP</i>	Tablet (enteric coated), equivalent to 20 mg esomeprazole	30	5	..	30.04	31.13	Nexium AP
ESOMEPRAZOLE MAGNESIUM TRIHYDRATE							
<u>Authority required</u>							
Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion;							
Scleroderma oesophagus.							
<u>Note</u>							
Continuing Therapy Only:							
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
3401B <i>NP</i>	Tablet (enteric coated), equivalent to 40 mg esomeprazole	30	5	..	45.69	35.40	Nexium AP
LANSOPRAZOLE							
<u>Restricted benefit</u>							
Initial treatment of peptic ulcer.							
<u>Note</u>							
Helicobacter pylori eradication therapy should be considered.							
No applications for increased repeats will be authorised.							
<u>Note</u>							
Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.							
2240X <i>NP</i>	Capsule 30 mg	28	1	..	23.45	24.54 ^a	APO-Lansoprazole TX
						^a	Lanzopran RA
						^a	Zopral AF
9477T <i>NP</i>	Tablet 30 mg (orally disintegrating)	28	1	..	23.45	24.54 ^a	Zoton FasTabs PF
LANSOPRAZOLE							
<u>Restricted benefit</u>							
Gastro-oesophageal reflux disease;							
Scleroderma oesophagus.							
8198L <i>NP</i>	Capsule 15 mg	30	5	..	16.61	17.70	Zopral AF
9331D <i>NP</i>	Tablet 15 mg (orally disintegrating)	28	5	..	15.90	16.99	Zoton FasTabs PF
LANSOPRAZOLE							
<u>Restricted benefit</u>							
Gastro-oesophageal reflux disease;							
Scleroderma oesophagus.							

Alimentary tract and metabolism

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
Note Pharmaceutical benefits that have the form lansoprazole capsule 30 mg and pharmaceutical benefits that have the form lansoprazole tablet 30 mg (orally disintegrating) are equivalent for the purposes of substitution.							
2241Y NP	Capsule 30 mg	28	5	..	23.45	24.54 ^a	APO-Lansoprazole TX
						^a	Lanzopran RA
						^a	Zopral AF
9478W NP	Tablet 30 mg (orally disintegrating)	28	5	..	23.45	24.54 ^a	Zoton FasTabs PF
OMEPRAZOLE Restricted benefit Initial treatment of peptic ulcer.							
Note Helicobacter pylori eradication therapy should be considered.							
No applications for increased repeats will be authorised.							
Note Pharmaceutical benefits that have the form omeprazole tablet 20 mg and pharmaceutical benefits that have the form omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.							
8331L NP	Tablet 20 mg	30	1	..	20.04	21.13 ^a	APO-Omeprazole TX
						^a	Chem mart CH
						^a	Omeprazole GX
						^a	GenRx Omeprazole SZ
						^a	Meprazol GM
						^a	Omeprazole-GA GQ
						^a	Omeprazole generichealth FZ
						^a	Omeprazole-PS RA
						^a	Omeprazole Ranbaxy WA
						^a	Omeprazole Winthrop ZP
						^a	Ozmep TW
						^a	Terry White Chemists Omeprazole
9109K NP	Tablet 20 mg (as magnesium)	30	1	..	20.04	21.13 ^a	Acimax Tablets AL
						^a	Omepral PM
				^B 2.23	22.27	21.13 ^a	Losec Tablets AP

OMEPRAZOLE

Restricted benefit

Initial treatment of peptic ulcer.

Note

Helicobacter pylori eradication therapy should be considered.

No applications for increased repeats will be authorised.

1326T NP	Capsule 20 mg	30	1	..	20.04	21.13 ^a	APO-Omeprazole TX
						^a	Omeprazole Sandoz HX
						^a	Omepro-GA GM
						^a	Pemzo QA
						^a	Pharmacor Omeprazole 20 CR

Alimentary tract and metabolism

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	Probitor	SZ
<hr/>									
OMEPRAZOLE									
<u>Restricted benefit</u>									
Gastro-oesophageal reflux disease;									
Scleroderma oesophagus;									
Zollinger-Ellison syndrome.									
<u>Note</u>									
Pharmaceutical benefits that have the form omeprazole tablet 20 mg and pharmaceutical benefits that have the form omeprazole tablet 20 mg (as magnesium) are equivalent for the purposes of substitution.									
8333N NP	Tablet 20 mg	30	5	..	20.04	21.13	^a	APO-Omeprazole	TX
							^a	Chem mart	CH
							^a	Omeprazole	GX
							^a	GenRx Omeprazole	SZ
							^a	Meprazol	GM
							^a	Omeprazole-GA	GQ
							^a	Omeprazole	RA
							^a	generichealth	WA
							^a	Ranbaxy	ZP
							^a	Omeprazole	TW
							^a	Winthrop	
							^a	Ozmep	
							^a	Terry White	
							^a	Chemists	
							^a	Omeprazole	
9110L NP	Tablet 20 mg (as magnesium)	30	5	..	20.04	21.13	^a	Acimax Tablets	AL
							^a	Omepral	PM
				^B 2.23	22.27	21.13	^a	Losec Tablets	AP
<hr/>									
OMEPRAZOLE									
<u>Restricted benefit</u>									
Gastro-oesophageal reflux disease;									
Scleroderma oesophagus;									
Zollinger-Ellison syndrome.									
1327W NP	Capsule 20 mg	30	5	..	20.04	21.13	^a	APO-Omeprazole	TX
							^a	Omeprazole	HX
							^a	Sandoz	GM
							^a	Omepro-GA	QA
							^a	Pemzo	CR
							^a	Pharmacor	
							^a	Omeprazole 20	SZ
							^a	Probitor	AP
8332M NP	Tablet 10 mg (as magnesium)	30	5	..	16.02	17.11		Losec Tablets	

PANTOPRAZOLE SODIUM SESQUIHYDRATE

Restricted benefit

Initial treatment of peptic ulcer.

Note

Helicobacter pylori eradication therapy should be considered.

Alimentary tract and metabolism

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
Note No applications for increased repeats will be authorised.							
8007K NP	Tablet (enteric coated), equivalent to 40 mg pantoprazole	30	2	..	21.49	22.58	a APO-Pantoprazole TX a Chem mart Pantoprazole CH a Ozpan RA a Panthron GN a Panto NZ a Pantofast 40 RZ a Pantoloc NH a Pantoprazole-GA GM a Pantoprazole generichealth GQ a Pantoprazole-PS FZ a Pantoprazole Sandoz SZ a Salpraz AF a Somac NQ a Sozol QA a Terry White Chemists Pantoprazole TW
9423Y NP	Sachet containing granules 40 mg	30	2	..	30.71	31.80	Somac NQ
PANTOPRAZOLE SODIUM SESQUIHYDRATE Restricted benefit Gastro-oesophageal reflux disease. Restricted benefit Scleroderma oesophagus; Zollinger-Ellison syndrome.							
8008L NP	Tablet (enteric coated), equivalent to 40 mg pantoprazole	30	5	..	21.49	22.58	a APO-Pantoprazole TX a Chem mart Pantoprazole CH a Ozpan RA a Panthron GN a Panto NZ a Pantofast 40 RZ a Pantoloc NH a Pantoprazole-GA GM a Pantoprazole generichealth GQ a Pantoprazole-PS FZ a Pantoprazole Sandoz SZ a Salpraz AF a Somac NQ a Sozol QA a Terry White Chemists Pantoprazole TW
8399C NP	Tablet (enteric coated), equivalent to 20 mg pantoprazole	30	5	..	13.77	14.86	a APO-Pantoprazole TX a Chem mart Pantoprazole CH

Alimentary tract and metabolism

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 Ozpan RA
							^a Panto NZ
							^a Pantofast 20 RZ
							^a Pantoloc NH
							^a Pantoprazole-GA GM
							^a Pantoprazole generichealth GQ
							^a Pantoprazole-PS FZ
							^a Pantoprazole Sandoz SZ
							^a Salpraz AF
							^a Somac NQ
							^a Terry White Chemists TW
							Pantoprazole Somac NQ
9424B NP	Sachet containing granules 40 mg	30	5	..	30.71	31.80	

RABEPRAZOLE SODIUM

Restricted benefit

Initial treatment of peptic ulcer.

Note

Helicobacter pylori eradication therapy should be considered.

Note

No applications for increased repeats will be authorised.

8509W NP	Tablet 20 mg (enteric coated)	30	2	..	33.70	34.79	Pariet JC
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RABEPRAZOLE SODIUM

Restricted benefit

Gastro-oesophageal reflux disease;

Scleroderma oesophagus.

8507R NP	Tablet 10 mg (enteric coated)	28	5	..	33.70	34.79	Pariet JC
8508T NP	Tablet 20 mg (enteric coated)	30	5	..	33.70	34.79	Pariet JC

Combinations for eradication of Helicobacter pylori

ESOMEPRAZOLE MAGNESIUM TRIHYDRATE and CLARITHROMYCIN and AMOXYCILLIN

Restricted benefit

Eradication of Helicobacter pylori associated with peptic ulcer disease.

8738X NP	Pack containing 14 tablets (enteric coated) equivalent to 20 mg esomeprazole, 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg	1	65.27	35.40	Nexium Hp7 AP
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OMEPRAZOLE and CLARITHROMYCIN and AMOXYCILLIN

Restricted benefit

Eradication of Helicobacter pylori associated with peptic ulcer disease.

8272J NP	Pack containing 14 capsules omeprazole 20 mg, 14 tablets clarithromycin 500 mg and 28 capsules amoxicillin 500 mg	1	58.64	35.40	Probitor Hp7 SZ
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Other drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)

SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE

2014B	Oral liquid 1 g-320 mg-534 mg in 20 mL, 500 mL	2	5	..	*14.68	15.77	Gaviscon P RC
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Alimentary tract and metabolism

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
<i>NP</i>							
SUCRALFATE							
2055E <i>NP</i>	Tablet equivalent to 1 g anhydrous sucralfate	120	2	..	24.72	25.81 ^a	Ulcylte AF
				^B 2.06	26.78	25.81 ^a	Carafate AS

Drugs for functional gastrointestinal disorders

Belladonna and derivatives, plain

Belladonna alkaloids, tertiary amines

ATROPINE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1089H <i>NP</i>	Injection containing atropine sulfate 600 micrograms in 1 mL	10	1	..	20.54	21.63	Pfizer Australia Pty Ltd	PF
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Propulsives

Propulsives

DOMPERIDONE

1347X <i>NP</i>	Tablet 10 mg	25	8.89	9.98	Motilium	JC
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METOCLOPRAMIDE HYDROCHLORIDE

1206L <i>NP, MW</i>	Injection 10 mg in 2 mL	10	12.99	14.08	Maxolon	VT
1207M <i>NP, MW</i>	Tablet 10 mg	25	..	..	8.20	9.29	Pramin	AF
				^B 3.02	11.22	9.29	Maxolon	VT

Antiemetics and antinauseants

Antiemetics and antinauseants

Serotonin (5HT₃) 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.

8728J <i>NP</i>	Tablet 2 mg (base)	2	..	..	*58.98	35.40	Kytril	HH
8729K <i>NP</i>	Concentrated injection 3 mg (base) in 3 mL	1	..	..	37.85	35.40 ^a	Kytril	HH
				..	*38.79	35.40 ^a	Granisetron Kabi	PK

GRANISETRON HYDROCHLORIDE

Authority required (STREAMLINED)

3611

Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.

8730L <i>NP</i>	Concentrated injection 3 mg (base) in 3 mL	1	..	..	37.85	35.40 ^a	Kytril	HH
				..	*38.79	35.40 ^a	Granisetron Kabi	PK

Alimentary tract and metabolism

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	
8873B NP	Tablet 2 mg (base)	5	1	..	137.84	35.40	Kytril	HH

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.

8224W NP	Tablet 4 mg (as hydrochloride dihydrate)	4	..	..	26.42	27.51	^a APO-Ondansetron	TX
							^a Ondansetron-DRLA	RZ
							^a Ondaz	SZ
							^a Onsetron 4	ZP
							^a Zofran	GK
8225X NP	Tablet 8 mg (as hydrochloride dihydrate)	4	..	..	37.73	35.40	^a APO-Ondansetron	TX
							^a Ondansetron-DRLA	RZ
							^a Ondaz	SZ
							^a Onsetron 8	ZP
							^a Zofran	GK
8226Y NP	I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL	1	..	..	16.90	17.99	^a Ondansetron Alphapharm	AF
							^a Ondansetron-Claris	AE
							^a Ondaz	SZ
							^a Onsetron	ZP
							^a Pfizer Australia Pty Ltd	PF
							^a Zofran	GK
8227B NP	I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL	1	..	..	23.06	24.15	^a Ondansetron Alphapharm	AF
							^a Ondansetron-Claris	AE
							^a Ondaz	SZ
							^a Onsetron	ZP
							^a Pfizer Australia Pty Ltd	PF
							^a Zofran	GK
9441X NP	Syrup 4 mg (as hydrochloride dihydrate) per 5 mL, 50 mL	‡1	..	..	101.96	35.40	Zofran syrup 50 mL	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) 4 mg and pharmaceutical benefits that have the form ondansetron wafer 4 mg are equivalent for the purposes of substitution.

5470X NP	Tablet (orally disintegrating) 4 mg	4	..	..	26.42	27.51	^a Ondansetron ODT- DRLA	RZ
8410P NP	Wafer 4 mg	4	..	..	26.42	27.51	^a Ondaz Zydis	SZ
							^a Zofran Zydis	GK

Alimentary tract and metabolism

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
ONDANSETRON							
<u>Restricted benefit</u>							
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.							
<u>Note</u>							
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.							
5471Y NP	Tablet (orally disintegrating) 8 mg	4	..	..	37.73	35.40	^a Ondansetron ODT-DRLA RZ
8411Q NP	Wafer 8 mg	4	..	..	37.73	35.40	^a Ondaz Zydis SZ
							^a Zofran Zydis GK
ONDANSETRON							
<u>Authority required (STREAMLINED)</u>							
3611							
Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.							
1594X NP	Tablet 4 mg (as hydrochloride dihydrate)	10	1	..	54.40	35.40	^a APO-Ondansetron TX
							^a Ondansetron-DRLA RZ
							^a Ondansetron Tabs Pfizer FZ
							^a Ondaz SZ
							^a Onsetron 4 ZP
							^a Zofran GK
1595Y NP	Tablet 8 mg (as hydrochloride dihydrate)	10	1	..	81.32	35.40	^a APO-Ondansetron TX
							^a Ondansetron-DRLA RZ
							^a Ondansetron Tabs Pfizer FZ
							^a Ondaz SZ
							^a Onsetron 8 ZP
							^a Zofran GK
1596B NP	I.V. injection 4 mg (as hydrochloride dihydrate) in 2 mL	1	..	..	16.90	17.99	^a Ondansetron Alphapharm AF
							^a Ondansetron-Clarix AE
							^a Ondaz SZ
							^a Onsetron ZP
							^a Pfizer Australia Pty Ltd PF
							^a Zofran GK
1597C NP	I.V. injection 8 mg (as hydrochloride dihydrate) in 4 mL	1	..	..	23.06	24.15	^a Ondansetron Alphapharm AF
							^a Ondansetron-Clarix AE
							^a Ondaz SZ
							^a Onsetron ZP
							^a Pfizer Australia Pty Ltd PF
							^a Zofran GK
8233H NP	Syrup 4 mg (as hydrochloride dihydrate) per 5 mL, 50 mL	1	1	..	101.96	35.40	Zofran syrup 50 mL GK

Alimentary tract and metabolism

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
ONDANSETRON								
<u>Authority required (STREAMLINED)</u>								
3611								
Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.								
<u>Note</u>								
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.								
5472B NP	Tablet (orally disintegrating) 4 mg	10	1	..	54.40	35.40	^a	Ondansetron ODT-DRLA RZ
8412R NP	Wafer 4 mg	10	1	..	54.40	35.40	^a	Ondaz Zydis SZ
							^a	Zofran Zydis GK
ONDANSETRON								
<u>Authority required (STREAMLINED)</u>								
3611								
Management of nausea and vomiting associated with radiotherapy being used to treat malignancy.								
<u>Note</u>								
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.								
5473C NP	Tablet (orally disintegrating) 8 mg	10	1	..	81.32	35.40	^a	Ondansetron ODT-DRLA RZ
8413T NP	Wafer 8 mg	10	1	..	81.32	35.40	^a	Ondaz Zydis SZ
							^a	Zofran Zydis GK
PALONOSETRON								
<u>Restricted benefit</u>								
Management of nausea and vomiting associated with cytotoxic chemotherapy being used to treat malignancy which occurs within 48 hours of chemotherapy administration.								
<u>Note</u>								
No applications for increased maximum quantities will be authorised. Palonosetron is not PBS-subsidised for administration with oral 5-HT3 antagonists.								
5295Q NP	Injection 250 micrograms (as hydrochloride) in 5 mL	1	..	..	47.86	35.40		Aloxi TS
TROPISETRON HYDROCHLORIDE								
<u>Restricted benefit</u>								
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.								
2745L NP	Capsule 5 mg (base)	2	..	..	50.72	35.40		Navoban NV
2746M NP	I.V. injection 5 mg (base) in 5 mL	1	..	..	29.29	30.38		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;

Alimentary tract and metabolism

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
	(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;						
	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.						
8808N NP	Pack containing 1 capsule 125 mg and 2 capsules 80 mg	1	5	..	138.89	35.40	Emend MK

PROCHLORPERAZINE

Caution

Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.

Note

As prochlorperazine may be associated with parkinsonism and tardive dyskinesia it should be used for short-term treatment only. However, authorities for increased maximum quantities and/or repeats of prochlorperazine tablets will be granted for the treatment of emesis associated with malignant disease.

2369Q NP	Injection containing prochlorperazine mesylate 12.5 mg in 1 mL	10	..	..	16.82	17.91	Stemetil	SW
2893G NP	Tablet containing prochlorperazine maleate 5 mg	25	..	..	9.46	10.55	^a APO-Prochlorperazine 5	TX
							^a Pharmacor Prozine 5	CR
							^a ProCalm	QA
							^a Prochlorperazine-GA	GM
							^a Prochlorperazine GH	GQ
							^a Prochlorperazine-PS	FZ
							^a Stemetil	AV
				^B 3.45	12.91	10.55	^a Stemetil	SW
2895J NP	Suppositories containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5	11	2	..	19.93	21.02	Stemetil	SW

Alimentary tract and metabolism

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
Bile and liver Therapy							
Bile therapy							
Bile acid preparations							
URSODEOXYCHOLIC ACID							
Authority required (STREAMLINED)							
1700							
Primary biliary cirrhosis.							
Note							
Not for use in the treatment of sclerosing cholangitis or cholelithiasis.							
Note							
Continuing Therapy Only:							
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8448P	Capsule 250 mg	200	2	..	*372.60	35.40	Ursofalk
NP							OA

Laxatives								
Laxatives								
<i>Contact laxatives</i>								
BISACODYL								
<u>Restricted benefit</u>								
Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;								
Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;								
For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;								
Patients receiving palliative care;								
Terminal malignant neoplasia;								
Anorectal congenital abnormalities;								
Megacolon.								
1258F NP	Suppositories 10 mg, 12	3	4	..	*18.33	19.42	Petrus Bisacodyl Suppositories	PP
1259G NP	Tablet 5 mg	200	2	..	14.11	15.20	Bisalax	AS
							Lax-Tab	AE
1260H NP	Suppositories 10 mg, 10	3	5	..	*20.94	22.03	^a Petrus Bisacodyl Suppositories	PP
				^B 1.50	*22.44	22.03	^a Dulcolax	BY

Bulk producers

STERCULIA with FRANGULA BARK

Restricted benefit

Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;

Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;

For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;

Patients receiving palliative care;

Terminal malignant neoplasia;

Anorectal congenital abnormalities;

Megacolon.

1104D NP	Granules 620 mg-80 mg per g (62%-8%), 500 g	‡1	1	..	26.37	27.46	Normacol Plus	NE
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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
<i>Osmotically acting laxatives</i>							
LACTULOSE							
<u>Restricted benefit</u>							
Hepatic coma or precoma (chronic porto-systemic encephalopathy);							
Constipation in patients with malignant neoplasia.							
3064G NP	Mixture 3.34 g per 5 mL, 500 mL	‡1	5	..	12.01	13.10	^a Actilax AF
							^a Genlac QA
							^a GenRx Lactulose GX
							^a Lac-Dol GM
							^a Lactocur SZ
				^B 1.20	13.21	13.10	^a Duphalac AB
MACROGOL 3350							
<u>Restricted benefit</u>							
Constipation in patients with malignant neoplasia;							
Chronic constipation or faecal impaction not adequately controlled with first line interventions such as bulk-forming agents;							
Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function not responding to other oral therapies;							
Patients receiving palliative care.							
3416T NP	Powder for oral solution 510 g	‡1	5	..	20.55	21.64	^a MediHealth ClearLax ON
							^a OsmoLax KY
							^a your pharmacy Clear Laxative OY
8612G NP	Sachets containing powder for solution 13.125 g with electrolytes, 30	‡1	5	..	20.55	21.64	Movicol NE
<i>Enemas</i>							
BISACODYL							
<u>Restricted benefit</u>							
Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
Patients receiving palliative care;							
Terminal malignant neoplasia;							
Anorectal congenital abnormalities;							
Megacolon.							
1263L NP	Enemas 10 mg in 5 mL, 25	‡1	2	..	37.94	35.40	Bisalax AS
SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE							
<u>Restricted benefit</u>							
Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;							
Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;							
For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;							
Patients receiving palliative care;							
Terminal malignant neoplasia;							
Anorectal congenital abnormalities;							
Megacolon.							
2091C NP	Enemas 3.125 g-450 mg-45 mg in 5 mL, 12	2	2	..	*32.28	33.37	^a Micolette AE
							^a Microlax IT

Alimentary tract and metabolism

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	
<i>Other laxatives</i>								
GLYCEROL								
<u>Restricted benefit</u>								
Paraplegic and quadriplegic patients and others with severe neurogenic impairment of bowel function;								
Patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities;								
For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult;								
Patients receiving palliative care;								
Terminal malignant neoplasia;								
Anorectal congenital abnormalities;								
Megacolon.								
2555L <i>NP</i>	Suppositories 700 mg (for infants), 12	3	5	..	*19.47	20.56	Petrus Pharmaceuticals Pty Ltd	PP
2556M <i>NP</i>	Suppositories 1.4 g (for children), 12	3	5	..	*19.89	20.98	Petrus Pharmaceuticals Pty Ltd	PP
2557N <i>NP</i>	Suppositories 2.8 g (for adults), 12	3	5	..	*20.40	21.49	Petrus Pharmaceuticals Pty Ltd	PP

Antidiarrheals, intestinal antiinflammatory/ antiinfective agents

Intestinal antiinfectives

Antibiotics

NYSTATIN								
1696G <i>NP</i>	Tablet 500,000 units	50	..	..	17.98	19.07	Nilstat	QA
1699K <i>NP</i>	Capsule 500,000 units	50	..	..	17.98	19.07	Nilstat	QA

VANCOMYCIN

Authority required

Antibiotic associated pseudomembranous colitis due to Clostridium difficile which is unresponsive to metronidazole;

Antibiotic associated pseudomembranous colitis due to Clostridium difficile where there is intolerance to metronidazole.

Note

Metronidazole has similar efficacy to vancomycin but may have less selective pressure to vancomycin resistant enterococci and is therefore the preferred treatment.

3113W	Capsule 125 mg (125,000 i.u.) vancomycin activity	40	..	..	*232.26	35.40	Vancocin	AS
3114X	Capsule 250 mg (250,000 i.u.) vancomycin activity	40	..	..	*440.06	35.40	Vancocin	AS

Electrolytes with carbohydrates

Oral rehydration salt formulations

ELECTROLYTE REPLACEMENT (ORAL)

Note

Each sachet contains sodium chloride 470 mg, potassium chloride 300 mg, sodium acid citrate 530 mg and glucose 3.56 g.

3196F <i>NP</i>	Sachets containing powder for oral solution 4.9 g, 10	‡1	..	..	12.92	14.01	^a O.R.S.	AS
							^a Repalyte New Formulation	SW
							^a restore O.R.S.	GM

Alimentary tract and metabolism

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
Antipropulsives <i>Antipropulsives</i>							
2501P NP	DIPHENOXYLATE HYDROCHLORIDE with ATROPINE SULFATE Tablet 2.5 mg-25 micrograms	20	..	..	8.48	9.57 ^a	Lofenoxal HC
				^B 1.72	10.20	9.57 ^a	Lomotil BI
1571Q NP	LOPERAMIDE HYDROCHLORIDE Capsule 2 mg	12	..	..	8.46	9.55 ^a	Gastro-Stop AS
				^B 0.89	9.35	9.55 ^a	Loperamide Imodium JT

Intestinal antiinflammatory agents *Corticosteroids acting locally*

HYDROCORTISONE ACETATE

Restricted benefit

Proctitis;

Ulcerative colitis.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1502C NP	Rectal foam 90 mg per applicatorful, 14 applications, aerosol 21.1 g	2	3	..	*37.08	35.40	Colifoam AS
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PREDNISOLONE SODIUM PHOSPHATE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1920C NP	Retention enema equivalent to 20 mg prednisolone in 100 mL	28	3	..	*211.34	35.40	Predsol QA
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PREDNISOLONE SODIUM PHOSPHATE

Restricted benefit

Proctitis;

Ulcerative colitis.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2554K NP	Suppositories equivalent to 5 mg prednisolone, 10	3	3	..	*41.70	35.40	Predsol QA
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Aminosalicylic acid and similar agents

BALSALAZIDE SODIUM

Authority required (STREAMLINED)

1708

Ulcerative colitis where hypersensitivity to sulfonamides exists;

1709

Ulcerative colitis where intolerance to sulfasalazine exists.

Note

Not for the treatment of Crohn disease.

Alimentary tract and metabolism

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	
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8845M NP	Capsule 750 mg	180	5	..	124.85	35.40	Colazide	PK
MESALAZINE Authority required (STREAMLINED) 1708 Ulcerative colitis where hypersensitivity to sulfonamides exists; 1709 Ulcerative colitis where intolerance to sulfasalazine exists; 2268 Crohn disease where hypersensitivity to sulfonamides exists; 2269 Crohn disease where intolerance to sulfasalazine exists.								
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1611T NP	Tablet 250 mg (enteric coated)	100	5	..	93.43	35.40	Mesasal	GK
2214M NP	Tablet 500 mg (prolonged release)	200	5	..	*297.44	35.40	Pentasa	FP
2234N NP	Sachet containing prolonged release granules, 1 g per sachet	120	5	..	330.67	35.40	Pentasa	FP
2287J NP	Sachet containing prolonged release granules, 2 g per sachet	60	5	..	312.30	35.40	Pentasa	FP
3413P NP	Tablet 1 g (prolonged release)	120	5	..	*330.68	35.40	Pentasa	FP
8731M NP	Tablet 500 mg (enteric coated)	200	5	..	*297.44	35.40	Salofalk	OA
MESALAZINE Authority required (STREAMLINED) 1708 Ulcerative colitis where hypersensitivity to sulfonamides exists; 1709 Ulcerative colitis where intolerance to sulfasalazine exists.								
Note Not for the treatment of Crohn disease.								
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8598M NP	Sachet containing granules, 500 mg per sachet	200	5	..	*297.44	35.40	Salofalk	OA
8599N NP	Sachet containing granules, 1 g per sachet	100	5	..	279.63	35.40	Salofalk	OA
9206M NP	Sachet containing granules, 1.5 g per sachet	60	5	..	244.92	35.40	Salofalk	OA
9353G NP	Tablet 1.2 g (prolonged release)	60	5	..	220.99	35.40	Mezavant	ZI

MESALAZINE

Restricted benefit

Acute episode of mild to moderate ulcerative proctitis.

Alimentary tract and metabolism

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	
Note Not for the treatment of Crohn disease.								
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
Note No applications for increased maximum quantities and/or repeats will be authorised.								
5461K NP	Suppository (moulded) 1 g	30	1	..	136.39	35.40	Salofalk	OA
8752P NP	Suppository 1 g	30	1	..	136.39	35.40	Pentasa	FP
<hr/>								
MESALAZINE Authority required (STREAMLINED) 1707 Acute episode of mild to moderate ulcerative colitis.								
Note Not for the treatment of Crohn disease.								
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
Note No applications for increased maximum quantities and/or repeats will be authorised.								
8616L NP	Enemas 2 g in 60 mL, 7	4	1	..	*336.22	35.40	Salofalk	OA
8617M NP	Enemas 4 g in 60 mL, 7	4	1	..	*445.90	35.40	Salofalk	OA
8753Q NP	Enemas 1 g in 100 mL, 7	4	1	..	*336.22	35.40	Pentasa	FP
8768L NP	Rectal foam 1 g per applicatorful, 14 applications, aerosol 80 g	4	1	..	*336.22	35.40	Salofalk	OA
OLSALAZINE SODIUM Authority required (STREAMLINED) 1708 Ulcerative colitis where hypersensitivity to sulfonamides exists;								
1709 Ulcerative colitis where intolerance to sulfasalazine exists.								
Note Not for the treatment of Crohn disease.								
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1728Y NP	Capsule 250 mg	100	5	..	61.41	35.40	Dipentum	UC
8086N NP	Tablet 500 mg	100	5	..	103.29	35.40	Dipentum	UC
SULFASALAZINE Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2093E NP	Tablet 500 mg	200	5	..	*50.28	35.40	Salazopyrin	PF
2096H	Tablet 500 mg (enteric coated)	200	5	..	*54.24	35.40 ^a	Pyralin EN	FZ

Alimentary tract and metabolism

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	
<i>NP</i>				^B 1.84	*56.08	35.40	^a	Salazopyrin-EN PF
<hr/>								
SULFASALAZINE								
<u>Restricted benefit</u>								
For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
9208P	Tablet 500 mg	200	11	..	*50.28	35.40		Salazopyrin PF
9209Q	Tablet 500 mg (enteric coated)	200	11	..	*54.24	35.40	^a	Pyralin EN FZ
				^B 1.84	*56.08	35.40	^a	Salazopyrin-EN PF

Digestives, incl. enzymes

Digestives, incl. enzymes

Enzyme preparations

PANCREATIC EXTRACT

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5453B <i>NP</i>	Granules (enteric coated) providing not less than 5,000 BP units of lipase activity per 100 mg, 20 g	3	10	..	*141.78	35.40		Creon Micro AB
8020D <i>NP</i>	Capsule (containing enteric coated minimicrospheres) providing not less than 10,000 BP units of lipase activity	500	10	..	*183.67	35.40		Creon 10,000 AB
8021E <i>NP</i>	Capsule (containing enteric coated minimicrospheres) providing not less than 25,000 BP units of lipase activity	200	10	..	*147.74	35.40		Creon 25,000 AB
9412J <i>NP</i>	Capsule (containing enteric coated minimicrospheres) providing not less than 40,000 BP units of lipase activity	200	10	..	*229.96	35.40		Creon 40,000 AB

PANCREATIC EXTRACT

Restricted benefit

For use in patients with cystic fibrosis, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

5454C	Granules (enteric coated) providing not less than 5,000 BP units of lipase activity per 100 mg, 20 g	3	21	..	*141.78	35.40		Creon Micro AB
9226N	Capsule (containing enteric coated minimicrospheres) providing not less than 10,000 BP units of lipase activity	500	21	..	*183.67	35.40		Creon 10,000 AB
9227P	Capsule (containing enteric coated minimicrospheres) providing not less than 25,000 BP units of lipase activity	200	21	..	*147.74	35.40		Creon 25,000 AB
9413K	Capsule (containing enteric coated minimicrospheres) providing not less than 40,000 BP units of lipase activity	200	21	..	*229.96	35.40		Creon 40,000 AB

Drugs used in diabetes

Insulins and analogues for injection, fast-acting

8435Y NP	INSELMAN, RICHARD Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*264.22	35.40	NovoRapid FlexPen	NF
8571D NP	Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*159.27	35.40	NovoRapid Penfill 3 mL NovoRapid	NO NO
1921D NP	INSULIN GLULISINE Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*264.22	35.40	Apidra	AV
9224L NP	Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*159.27	35.40	Apidra SoloStar Apidra	SW SW
8084L NP	INSULIN LISPRO Injection (human analogue) 100 units per mL, 10 mL	5	2	..	*159.27	35.40	Humalog	LY
8212F NP	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*264.22	35.40	Humalog Humalog KwikPen	LY KP
1531N NP	INSULIN NEUTRAL Injection (human) 100 units per mL, 10 mL	5	2	..	*133.82	35.40	Actrapid	NO
1713E NP	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*172.02	35.40	Humulin R Hypurin Neutral	LY AS
1762R NP	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*224.32	35.40	Actrapid Penfill 3 mL Humulin R	NO LY

Alimentary tract and metabolism

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	
<i>Insulins and analogues for injection, intermediate-acting</i>								
INSULIN ISOPHANE (N.P.H.)								
1533Q NP	Injection (human) 100 units per mL, 10 mL	5	2	..	*133.82	35.40	Humulin NPH	LY
							Protaphane	NO
1711C NP	Injection (bovine) 100 units per mL, 10 mL	5	2	..	*172.02	35.40	Hypurin Isophane	AS
1761Q NP	Injections (human) 100 units per mL, 3 mL, 5	5	1	..	*224.32	35.40	Humulin NPH	LY
							Protaphane InnoLet	NI
							Protaphane Penfill 3 mL	NO
<i>Insulins and analogues for injection, intermediate-acting combined with fast-acting</i>								
INSULIN ASPART—INSULIN ASPART PROTAMINE SUSPENSION								
8609D NP	Injections (human analogue) 100 units (30 units-70 units) per mL, 3 mL, 5	5	1	..	*264.22	35.40	NovoMix 30 FlexPen	NF
							NovoMix 30 Penfill 3 mL	NO
INSULIN LISPRO—INSULIN LISPRO PROTAMINE SUSPENSION								
8390N NP	Injections (human analogue) 100 units (25 units-75 units) per mL, 3 mL, 5	5	1	..	*264.22	35.40	Humalog Mix25	LY
							Humalog Mix25 KwikPen	KP
8874C NP	Injections (human analogue) 100 units (50 units-50 units) per mL, 3 mL, 5	5	1	..	*264.22	35.40	Humalog Mix50	LY
							Humalog Mix50 KwikPen	KP
INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)								
1426C NP	Injection (human) 100 units (30 units-70 units) per mL, 10 mL	5	2	..	*133.82	35.40	Humulin 30/70	LY
1763T NP	Injections (human) 100 units (30 units-70 units) per mL, 3 mL, 5	5	1	..	*224.32	35.40	Humulin 30/70	LY
							Mixtard 30/70 InnoLet	NI
							Mixtard 30/70 Penfill 3 mL	NO
2062M NP	Injections (human) 100 units (50 units-50 units) per mL, 3 mL, 5	5	1	..	*224.32	35.40	Mixtard 50/50 Penfill 3 mL	NO
<i>Insulins and analogues for injection, long-acting</i>								
INSULIN DETEMIR								
<u>Restricted benefit</u>								
Type 1 diabetes.								
9040T NP	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*432.72	35.40	Levemir FlexPen	NF
							Levemir Penfill	NO
INSULIN GLARGINE								
9039R NP	Injections (human analogue) 100 units per mL, 3 mL, 5	5	1	..	*432.72	35.40	Lantus	SW
							Lantus SoloStar	AV

Alimentary tract and metabolism

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
Blood glucose lowering drugs, excl. insulins							
<i>Biguanides</i>							
1801T NP	METFORMIN HYDROCHLORIDE Tablet 850 mg	60	5	..	11.66	12.75	^a APO-Metformin 850 TX
							^a Chem mart Metformin CH
							^a Diaformin 850 AF
							^a Formet 850 QA
							^a GenRx Metformin GX
							^a Metformin 850 CR
							^a Metformin-GA GM
							^a Metformin generichealth GQ
							^a Metformin Ranbaxy RA
							^a Metformin Sandoz SZ
							^a Terry White Chemists Metformin TW
				^B 0.87	12.53	12.75	^a Glucophage MQ
				^B 1.41	13.07	12.75	^a Diabex 850 AL
2430X NP	Tablet 500 mg	100	5	..	11.66	12.75	^a APO-Metformin 500 TX
							^a Chem mart Metformin CH
							^a Diaformin AF
							^a Formet 500 QA
							^a GenRx Metformin GX
							^a Metformin 500 CR
							^a Metformin-GA GM
							^a Metformin generichealth GQ
							^a Metformin Ranbaxy RA
							^a Metformin Sandoz SZ
							^a Terry White Chemists Metformin TW
				^B 0.87	12.53	12.75	^a Glucophage MQ
				^B 1.41	13.07	12.75	^a Diabex AL
3439B NP	Tablet 1 g (extended release)	60	5	..	14.82	15.91	Diabex XR 1000 AL
8607B NP	Tablet 1 g	90	5	..	15.57	16.66	^a APO-Metformin 1000 TX
							^a Chem mart Metformin 1000 CH
							^a Diaformin 1000 AF
							^a Formet 1000 QA
							^a Metformin-GA GM
							^a Metformin generichealth 1000 GQ
							^a Metformin Ranbaxy 1000 RA
							^a Metformin Sandoz SZ
							^a Pharmacor Metformin 1000 CR
							^a Terry White Chemists TW

Alimentary tract and metabolism

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				
9435N NP	Tablet 500 mg (extended release)	120	5	^B 1.43	17.00	16.66	^a	Metformin 1000			
				..	14.82	15.91	^a	Diabex 1000 AL			
							^a	Diabex XR AL			
							^a	Diaformin XR AF			
						^a	Metex XR QA				
Sulfonamides, urea derivatives											
GLIBENCLAMIDE											
Caution											
Sulfonylureas may cause hypoglycaemia, particularly in the elderly.											
2939Q NP	Tablet 5 mg	100	5	..	11.39	12.48	^a	GlimeI AF			
				^B 1.44	12.83	12.48	^a	Daonil SW			
GLICLAZIDE											
Caution											
Sulfonylureas may cause hypoglycaemia, particularly in the elderly.											
2449X NP	Tablet 80 mg	100	5	..	13.16	14.25	^a	Chem mart CH			
								Gliclazide			
							^a	GenRx Gliclazide GX			
							^a	Glyade AF			
							^a	Mellihexal SZ			
							^a	Nidem QA			
8535F NP	Tablet 30 mg (modified release)	100	5	..	13.35	14.44	^a	Terry White TW			
								Chemists			
							^a	Gliclazide			
							^a	APO-Gliclazide MR TX			
							^a	Chem mart CH			
							^a	Gliclazide MR			
9302N NP	Tablet 60 mg (modified release)	60	5	..	14.75	15.84	^a	Glyade MR AF			
							^a	Oziclide MR RA			
							^a	Terry White TW			
								Chemists			
								Gliclazide MR			
								Diamicron 60mg MR SE			
GLIMEPIRIDE											
Caution											
Sulfonylureas may cause hypoglycaemia, particularly in the elderly.											
8450R NP	Tablet 1 mg	30	5	..	8.28	9.37	^a	APO-Glimepiride TX			
							^a	Aylide 1 AF			
							^a	Diapride 1 QA			
							^a	Dimirel AV			
							^a	Glimepiride GA 1 GM			
							^a	Glimepiride Sandoz SZ			
8451T NP	Tablet 2 mg	30	5	..	10.00	11.09	^a	Pharmacor CR			
								Glimepiride 1			
							^B 2.06	10.34	9.37	^a	Amaryl SW
										^a	APO-Glimepiride TX
										^a	Aylide 2 AF
										^a	Diapride 2 QA
			^a	Dimirel AV							

Alimentary tract and metabolism

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
8452W NP	Tablet 4 mg	30	5	B2.07 ..	12.07 12.02	11.09 13.11	a Glimepiride GA 2 GM
							a Glimepiride Sandoz SZ
							a Pharmacor CR
							a Glimepiride 2 Amaryl SW
							a APO-Glimepiride TX
							a Aylide 4 AF
							a Diapride 4 QA
							a Dimirel AV
							a Glimepiride GA 4 GM
							a Glimepiride Sandoz SZ
8533D NP	Tablet 3 mg	30	5	B2.06 ..	14.08 11.00	13.11 12.09	a Pharmacor CR
							a Glimepiride 4 Amaryl SW
							a APO-Glimepiride TX
							a Aylide 3 AF
							a Diapride 3 QA
							a Dimirel AV
							a Glimepiride GA 3 GM
							a Glimepiride Sandoz SZ
							a Pharmacor CR
							a Glimepiride 3 Amaryl SW
B2.04 13.04 12.09							
GLIPIZIDE							
Caution							
Sulfonylureas may cause hypoglycaemia, particularly in the elderly.							
2440K NP	Tablet 5 mg	100	5	..	12.27 16.10	13.36 13.36	a Melizide AF
							a Minidiab PF

Combinations of oral blood glucose lowering drugs

METFORMIN HYDROCHLORIDE with GLIBENCLAMIDE

Caution

Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

8810Q NP	Tablet 500 mg-2.5 mg	90	5	..	14.49	15.58	Glucovance 500mg/2.5mg	AL
8811R NP	Tablet 500 mg-5 mg	90	5	..	15.61	16.70	Glucovance 500mg/5mg	AL
8838E NP	Tablet 250 mg-1.25 mg	90	5	..	12.48	13.57	Glucovance 250mg/1.25mg	AL

ROSIGLITAZONE with METFORMIN

Note

Rosiglitazone with metformin fixed dose combination tablet is not PBS-subsidised when used in combination with a sulfonylurea (triple oral therapy) or an insulin or a dipeptidyl peptidase 4 inhibitor (gliptin) or a glucagon-like peptide-1.

Authority required

Type 2 diabetes in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with metformin and where a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

Alimentary tract and metabolism

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	
	(b) red cell transfusion within the previous 3 months. A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.							
9059T NP	Tablet containing 2 mg rosiglitazone (as maleate) with 500 mg metformin hydrochloride	56	5	..	64.32	35.40	Avandamet	GK
9060W NP	Tablet containing 2 mg rosiglitazone (as maleate) with 1 g metformin hydrochloride	56	5	..	66.96	35.40	Avandamet	GK
9061X NP	Tablet containing 4 mg rosiglitazone (as maleate) with 500 mg metformin hydrochloride	56	5	..	93.99	35.40	Avandamet	GK
9062Y NP	Tablet containing 4 mg rosiglitazone (as maleate) with 1 g metformin hydrochloride	56	5	..	96.63	35.40	Avandamet	GK

SITAGLIPTIN with METFORMIN

Note

Sitagliptin with metformin fixed dose combination tablet is not PBS-subsidised for use in combination with a sulfonylurea (triple oral therapy), as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

3543

Type 2 diabetes in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with metformin and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) red cell transfusion within the previous 3 months.

A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

Authority required (STREAMLINED)

3149

Continuation of therapy in type 2 diabetes mellitus in a patient who has previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and sitagliptin.

9449H NP	Tablet containing 50 mg sitagliptin (as phosphate monohydrate) with 500 mg metformin hydrochloride	56	5	..	93.99	35.40	Janumet	MK
9450J NP	Tablet containing 50 mg sitagliptin (as phosphate monohydrate) with 850 mg metformin hydrochloride	56	5	..	95.87	35.40	Janumet	MK
9451K NP	Tablet containing 50 mg sitagliptin (as phosphate monohydrate) with 1000 mg metformin hydrochloride	56	5	..	96.63	35.40	Janumet	MK

VILDAGLIPTIN with METFORMIN

Note

Vildagliptin with metformin fixed dose combination tablet is not PBS-subsidised for use in combination with a sulfonylurea (triple oral therapy), as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

3543

Type 2 diabetes in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with metformin and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

Alimentary tract and metabolism

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
	(b) red cell transfusion within the previous 3 months. A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records;						
	3686 Continuation of therapy in type 2 diabetes mellitus in a patient who has previously received and been stabilised on a PBS-subsidised regimen of oral diabetic medicines which includes metformin and vildagliptin.						
5474D NP	Tablet containing 50 mg vildagliptin with 500 mg metformin hydrochloride	60	5	..	97.17	35.40	Galvumet 50/500 NV
5475E NP	Tablet containing 50 mg vildagliptin with 850 mg metformin hydrochloride	60	5	..	99.17	35.40	Galvumet 50/850 NV
5476F NP	Tablet containing 50 mg vildagliptin with 1000 mg metformin hydrochloride	60	5	..	100.00	35.40	Galvumet 50/1000 NV

Alpha glucosidase inhibitors

	ACARBOSE						
8188Y NP	Tablet 50 mg	90	5	..	34.53	35.40	Glucobay 50 BN
8189B NP	Tablet 100 mg	90	5	..	45.53	35.40	Glucobay 100 BN

Thiazolidinediones

PIOGLITAZONE

Note

Pioglitazone hydrochloride is not PBS-subsidised as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

3540

Dual oral combination therapy with metformin or a sulfonylurea

Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) red cell transfusion within the previous 3 months.

A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

Authority required (STREAMLINED)

3541

Combination therapy with insulin

Type 2 diabetes, in combination with insulin, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with insulin and oral anti-diabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) red cell transfusion within the previous 3 months.

A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

Authority required (STREAMLINED)

3542

Triple oral combination therapy with metformin and a sulfonylurea

Type 2 diabetes, in combination with metformin and a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl

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
	peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with maximally tolerated doses of metformin and a sulfonylurea.						
	The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.						
	Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances: (a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or (b) red cell transfusion within the previous 3 months. A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.						
8694N NP	Tablet 15 mg (as hydrochloride)	28	5	..	53.00	35.40	^a Acpio 15 QA
							^a Actos LY
							^a APOTEX- Pioglitazone TX
							^a Chem mart Pioglitazone CH
							^a Pharmacor Pioglitazone 15 CR
							^a Pioglitazone-GA GM
							^a Pioglitazone generichealth 15 GQ
							^a Pioglitazone Sandoz SZ
							^a Pizaccord RA
							^a Terry White Chemists Pioglitazone TW
							^a Vexazone AF
8695P NP	Tablet 30 mg (as hydrochloride)	28	5	..	77.62	35.40	^a Acpio 30 QA
							^a Actos LY
							^a APOTEX- Pioglitazone TX
							^a Chem mart Pioglitazone CH
							^a Pharmacor Pioglitazone 30 CR
							^a Pioglitazone-GA GM
							^a Pioglitazone generichealth 30 GQ
							^a Pioglitazone Sandoz SZ
							^a Pizaccord RA
							^a Terry White Chemists Pioglitazone TW
							^a Vexazone AF
8696Q NP	Tablet 45 mg (as hydrochloride)	28	5	..	99.01	35.40	^a Acpio 45 QA
							^a Actos LY
							^a APOTEX- Pioglitazone TX
							^a Chem mart Pioglitazone CH
							^a Pharmacor Pioglitazone 45 CR
							^a Pioglitazone-GA GM
							^a Pioglitazone generichealth 45 GQ
							^a Pioglitazone Sandoz SZ

Alimentary tract and metabolism

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 Pizaccord	RA
							^a Terry White Chemists	TW
							^a Pioglitazone	
							^a Vexazone	AF

ROSIGLITAZONE

Note

Rosiglitazone maleate is not PBS-subsidised as monotherapy or in combination with metformin and a sulfonylurea (triple oral therapy) or an insulin or a dipeptidyl peptidase 4 inhibitor (gliptin) or a glucagon-like peptide-1.

Authority required

Dual oral combination therapy with metformin or a sulfonylurea

Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) red cell transfusion within the previous 3 months.

A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

8689H NP	Tablet 4 mg (as maleate)	28	5	..	61.52	35.40	Avandia	GK
8690J NP	Tablet 8 mg (as maleate)	28	5	..	91.19	35.40	Avandia	GK

Dipeptidyl peptidase 4 (DPP-4) inhibitors

LINAGLIPTIN

Note

Linagliptin is not PBS-subsidised for use in combination with metformin and a sulfonylurea (triple oral therapy), as monotherapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

3540

Dual oral combination therapy with metformin or a sulfonylurea

Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

(b) red cell transfusion within the previous 3 months.

A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

3387G NP	Tablet 5 mg	30	5	..	96.62	35.40	Trajenta	BY
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SAXAGLIPTIN

Note

Saxagliptin is not PBS-subsidised for use in combination with metformin and a sulfonylurea (triple oral therapy), as monotherapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Alimentary tract and metabolism

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
<u>Authority required (STREAMLINED)</u>							
3540							
Dual oral combination therapy with metformin or a sulfonylurea							
Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.							
The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.							
Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:							
(a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or							
(b) red cell transfusion within the previous 3 months.							
A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.							
8983T NP	Tablet 5 mg (as hydrochloride)	28	5	..	91.19	35.40	Onglyza BQ

SITAGLIPTIN

Note

Sitagliptin is not PBS-subsidised for use in combination with metformin and a sulfonylurea (triple oral therapy), as monotherapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

3540

Dual oral combination therapy with metformin or a sulfonylurea

Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

- (a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) red cell transfusion within the previous 3 months.

A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

9180E NP	Tablet 25 mg (as phosphate monohydrate)	28	5	..	91.19	35.40	Januvia	MK
9181F NP	Tablet 50 mg (as phosphate monohydrate)	28	5	..	91.19	35.40	Januvia	MK
9182G NP	Tablet 100 mg (as phosphate monohydrate)	28	5	..	91.19	35.40	Januvia	MK

VILDAGLIPTIN

Note

Vildagliptin is not PBS-subsidised for use in combination with metformin and a sulfonylurea (triple oral therapy), as monotherapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

3540

Dual oral combination therapy with metformin or a sulfonylurea

Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

- (a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or

Alimentary tract and metabolism

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
	(b) red cell transfusion within the previous 3 months. A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.						
3415R NP	Tablet 50 mg	60	5	..	97.24	35.40	Galvus NV

Other blood glucose lowering drugs, excl. insulins

EXENATIDE

Note

Exenatide is not PBS-subsidised as monotherapy or in combination with an insulin, a thiazolidinedione (glitazone) or a dipeptidyl peptidase 4 inhibitor (gliptin).

Authority required (STREAMLINED)

3540

Dual oral combination therapy with metformin or a sulfonylurea

Type 2 diabetes, in combination with either metformin or a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with either metformin or a sulfonylurea and where a combination of metformin and a sulfonylurea is contraindicated or not tolerated.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

- (a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) red cell transfusion within the previous 3 months.

A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

Authority required (STREAMLINED)

3542

Triple oral combination therapy with metformin and a sulfonylurea

Type 2 diabetes, in combination with metformin and a sulfonylurea, in a patient whose HbA1c is greater than 7% prior to initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or a glucagon-like peptide-1 despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c must be documented in the patient's medical records at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated. The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone or a glucagon-like peptide-1 is initiated.

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:

- (a) clinical conditions with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) red cell transfusion within the previous 3 months.

A patient in these circumstances will be eligible for treatment where blood glucose monitoring over a 2 week period shows blood glucose levels greater than 10 mmol per L in more than 20% of tests. The results of this blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone or a glucagon-like peptide-1, must be documented in the patient's medical records.

Note

Special Pricing Arrangements apply.

3423E NP	Injection solution 5 micrograms per dose in pre-filled pen, 60 doses	1	5	..	176.39	35.40	Byetta 5 microgram	LY
3424F NP	Injection solution 10 micrograms per dose in pre-filled pen, 60 doses	1	5	..	176.39	35.40	Byetta 10 microgram	LY

Vitamins

Vitamin A and D, incl. combinations of the two *Vitamin D and analogues*

CALCITRIOL

Authority required (STREAMLINED)

1165

Hypocalcaemia due to renal disease;

1166

Hypoparathyroidism;

Alimentary tract and metabolism

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
	1167 Hypophosphataemic rickets;							
	1467 Vitamin D-resistant rickets;							
	2636 Treatment for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
2502Q NP	Capsule 0.25 microgram	100	3	..	37.31	35.40	^a	Calciprox GN
							^a	Calcitriol-GA GM
							^a	Calcitriol-PS FZ
							^a	Calcitriol Sandoz SZ
							^a	GenRx Calcitriol GX
							^a	Kosteo QA
							^a	Rocaltrol RO
							^a	Sical AF

Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂ *Vitamin B₁, plain*

THIAMINE HYDROCHLORIDE

Authority required (STREAMLINED)

2384

Prophylaxis of thiamine deficiency in an Aboriginal or a Torres Strait Islander person.

1070H NP	Tablet 100 mg	100	2	..	11.50	12.59		Betamin SW
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Mineral supplements

Calcium

Calcium

CALCIUM

Authority required (STREAMLINED)

2212

Hyperphosphataemia associated with chronic renal failure.

3116B NP	Tablet (chewable) 500 mg (as carbonate)	240	1	..	*30.46	31.55		Cal-Sup IA
3117C NP	Tablet 600 mg (as carbonate)	240	1	..	22.20	23.29		Calci-Tab 600 AE

Potassium

Potassium

POTASSIUM CHLORIDE

2642C NP	Tablet 600 mg (sustained release)	200	1	..	*12.88	13.97	^a	Duro-K NM
				^B 2.94	*15.82	13.97	^a	Slow-K NV
				..	12.89	13.98		Span-K AS

POTASSIUM CHLORIDE with POTASSIUM BICARBONATE

3012M NP	Effervescent tablet 14 mmol potassium and 8 mmol chloride	60	1	..	15.14	16.23		Chlorvescent AS
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Alimentary tract and metabolism

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	
Other mineral supplements								
Magnesium								
MAGNESIUM								
Authority required								
Hypomagnesaemia in an Aboriginal or a Torres Strait Islander person;								
Chronic renal disease in an Aboriginal or a Torres Strait Islander person.								
5146W NP	Tablet 37.4 mg (as aspartate dihydrate)	50	5	..	13.70	14.79	Mag-Sup	PP

Anabolic agents for systemic use

Anabolic steroids

Estren derivatives

NANDROLONE DECANOATE

Authority required

Monotherapy for osteoporosis, where other treatment has failed and where specialist advice confirms that this is the only suitable treatment option for the patient. Specialist advice need only be obtained for the first authority approval;

Monotherapy for osteoporosis, where other treatment is not tolerated and where specialist advice confirms that this is the only suitable treatment option for the patient. Specialist advice need only be obtained for the first authority approval;

Monotherapy for osteoporosis, where other treatment is contraindicated and where specialist advice confirms that this is the only suitable treatment option for the patient. Specialist advice need only be obtained for the first authority approval;

Patients receiving PBS-subsidised therapy with this drug for osteoporosis prior to 1 February 2004;

Patients on long-term treatment with corticosteroids.

Note

Monotherapy for the treatment of osteoporosis does not exclude calcium supplementation.

1671Y	Injection 50 mg in 1 mL, disposable syringe	1	7	..	21.20	22.29	Deca-Durabolin	MK
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Blood and blood forming organs

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	
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Blood and blood forming organs

Antithrombotic agents

Antithrombotic agents

Vitamin K antagonists

WARFARIN SODIUM

Caution

The listed brands have NOT been shown to be bioequivalent and should not be interchanged.

2209G NP	Tablet 2 mg	50	2	..	12.77	13.86	Coumadin	QA
2211J NP	Tablet 5 mg	50	2	..	14.03	15.12	Coumadin	QA
2843P NP	Tablet 1 mg	50	2	..	12.42	13.51	Marevan Coumadin	FM QA
2844Q NP	Tablet 3 mg	50	2	..	12.69	13.78	Marevan Marevan	FM FM

Heparin group

DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous)

2816F NP	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	20	..	..	*108.88	35.40	Fragmin	PF
5445N NP	Injection 12,500 units (anti-Xa) in 0.5 mL single dose pre-filled syringe	10	1	..	125.69	35.40	Fragmin	PF
8269F NP	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	10	1	..	90.99	35.40	Fragmin	PF
8271H NP	Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe	10	1	..	68.38	35.40	Fragmin	PF
8603T NP	Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	20	..	..	*104.74	35.40	Fragmin	PF

DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous)

Restricted benefit

Haemodialysis.

1229Q NP	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	20	3	..	*175.56	35.40	Fragmin	PF
1296F NP	Injection 12,500 units (anti-Xa) in 0.5 mL single dose pre-filled syringe	20	3	..	*241.28	35.40	Fragmin	PF
8641T NP	Injection 2,500 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	20	3	..	*104.74	35.40	Fragmin	PF
8642W NP	Injection 5,000 units (anti-Xa) in 0.2 mL single dose pre-filled syringe	20	3	..	*108.88	35.40	Fragmin	PF
8643X NP	Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe	20	3	..	*130.34	35.40	Fragmin	PF

DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous)

Restricted benefit

Management of symptomatic venous thromboembolism in a patient with a solid tumour(s).

Note

No applications for increased maximum quantities will be authorised.

8956J NP	Injection 7,500 units (anti-Xa) in 0.75 mL single dose pre-filled syringe	30	5	..	*192.30	35.40	Fragmin	PF
8957K NP	Injection 10,000 units (anti-Xa) in 1 mL single dose pre-filled syringe	30	5	..	*255.06	35.40	Fragmin	PF
8958L	Injection 12,500 units (anti-Xa) in 0.5 mL single dose pre-filled syringe	30	5	..	*349.71	35.40	Fragmin	PF

Platelet aggregation inhibitors excl. heparin

8202Q <i>NP</i>	Tablet 100 mg	112	1	..	8.03	9.12	^a	Mayne Pharma Aspirin	YT
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Blood and blood forming organs

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
				1.29	9.32	9.12 ^a	Astrix YN

CLOPIDOGREL

Authority required (STREAMLINED)

1719

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients with a history of symptomatic cerebrovascular ischaemic episodes while on therapy with low-dose aspirin;

1720

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding;

1721

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs;

1722

Prevention of recurrence of myocardial infarction or unstable angina in patients with a history of symptomatic cardiac ischaemic events while on therapy with low-dose aspirin;

1723

Prevention of recurrence of myocardial infarction or unstable angina in patients where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding;

1724

Prevention of recurrence of myocardial infarction or unstable angina in patients where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs.

Note

Not for prophylaxis of DVT or peripheral arterial disease.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg, clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

5436D NP	Tablet 75 mg	28	5	..	50.05	35.40 ^a	Clopidogrel-DRLA	RZ
8358X NP	Tablet 75 mg (as hydrogen sulfate)	28	5	..	50.05	35.40 ^a	APO-Clopidogrel	TX
							^a Chem mart	CH
							^a Clopidogrel	RA
							^a Clopidogrel RBX	SZ
							^a Clopidogrel Sandoz	WA
							^a Clopidogrel Winthrop	BQ
							^a Iscover	AF
							^a Piax	SW
							^a Plavix	TW
							^a Terry White Chemists	
							^a Clopidogrel	
9354H NP	Tablet 75 mg (as besilate)	28	5	..	50.05	35.40 ^a	Clopidogrel-GA	GM
							^a Clopidogrel GH	GQ
							^a Clopidogrel-PS	FZ
							^a Clovix 75	QA
				..	57.53	35.40 ^a	Clopidogrel Actavis	TA

CLOPIDOGREL

Authority required (STREAMLINED)

3879

Treatment of acute coronary syndrome (myocardial infarction or unstable angina) in combination with aspirin;

Blood and blood forming organs

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
3146 Treatment in combination with aspirin following cardiac stent insertion. Note Not for prophylaxis of DVT or peripheral arterial disease. Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
9317J NP	Tablet 75 mg (as hydrogen sulfate)	28	5	..	50.05	35.40 ^a	Clopidogrel Winthrop ^a Iscover ^a Plavix WA BQ SW
CLOPIDOGREL with ASPIRIN Authority required (STREAMLINED) 3880 Treatment of acute coronary syndrome (myocardial infarction or unstable angina); 3219 Treatment following cardiac stent insertion; 1722 Prevention of recurrence of myocardial infarction or unstable angina in patients with a history of symptomatic cardiac ischaemic events while on therapy with low-dose aspirin. Note Not for prophylaxis of DVT or peripheral arterial disease. Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
9296G NP	Tablet 75 mg (as hydrogen sulfate)-100 mg	30	5	..	74.87	35.40 ^a	Clopidogrel Winthrop plus aspirin ^a CoPlavix ^a DuoCover WA SW BQ
DIPYRIDAMOLE Restricted benefit Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events: (1) as adjunctive therapy with low-dose aspirin; or (2) where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding; or (3) where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs. Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8335Q NP	Capsule 200 mg (sustained release)	60	5	..	36.96	35.40	Persantin SR BY
DIPYRIDAMOLE with ASPIRIN Restricted benefit Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events. Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8382E NP	Capsule 200 mg (sustained release)-25 mg	60	5	..	37.19	35.40	Asasantin SR BY

Blood and blood forming organs

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	
EPTIFIBATIDE ACETATE								
<u>Authority required (STREAMLINED)</u>								
1884								
Patients undergoing non-urgent percutaneous intervention with intracoronary stenting.								
8683B	Solution for I.V. injection 20 mg (base) in 10 mL	2	..	..	*262.54	35.40	Integrilin	MK
8684C	Solution for I.V. infusion 75 mg (base) in 100 mL	3	..	..	*1020.36	35.40	Integrilin	MK
PRASUGREL								
<u>Authority required (STREAMLINED)</u>								
3208								
Treatment of acute coronary syndrome (myocardial infarction or unstable angina) managed by percutaneous coronary intervention in combination with aspirin.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
9495R NP	Tablet 5 mg (as hydrochloride)	28	5	..	96.43	35.40	Effient	LY
9496T NP	Tablet 10 mg (as hydrochloride)	28	5	..	106.43	35.40	Effient	LY
TICLOPIDINE HYDROCHLORIDE								
<u>Caution</u>								
Severe neutropenia is common in the early months of therapy. Haematological monitoring should be undertaken at commencement and every two weeks in the first four months of therapy.								
<u>Authority required (STREAMLINED)</u>								
1719								
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients with a history of symptomatic cerebrovascular ischaemic episodes while on therapy with low-dose aspirin;								
1720								
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding;								
1721								
Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events in patients where there is a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or NSAIDs;								
1260								
Patients established on this drug as a pharmaceutical benefit prior to 1 November 1999.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2095G NP	Tablet 250 mg	60	5	..	121.93	35.40	Tilodene	AF
TIROFIBAN HYDROCHLORIDE								
<u>Authority required (STREAMLINED)</u>								
1729								
Patients with high risk unstable angina who have new transient or persistent ST-T ischaemic changes and anginal pain lasting longer than 20 minutes;								
1730								
Patients with high risk unstable angina who have new transient or persistent ST-T ischaemic changes and repetitive episodes of angina at rest or during minimal exercise in the previous 12 hours;								
1275								
Patients with non-Q-wave myocardial infarction.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8350L NP	Solution concentrate for I.V. infusion 12.5 mg (base) in 50 mL	1	2	..	363.11	35.40	Aggrastat	AS

Blood and blood forming organs

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
Enzymes							
RETEPLASE (Recombinant plasminogen activator) <u>Restricted benefit</u> Treatment of acute myocardial infarction within 6 hours of onset of attack.							
<u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8253J NP	Pack containing 2 vials powder for injection 10 units, 2 single use pre-filled syringes with solvent, 2 reconstitution spikes and 2 needles	1	..	..	2066.96	35.40	Rapilysin 10 U TA
TENECTEPLASE <u>Restricted benefit</u> Treatment of acute myocardial infarction within 12 hours of onset of attack.							
<u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8526R NP	Powder for injection 40 mg with solvent	1	..	..	1960.76	35.40	Metalyse BY
8527T NP	Powder for injection 50 mg with solvent	1	..	..	2057.06	35.40	Metalyse BY
Direct thrombin inhibitors							
BIVALIRUDIN TRIFLUOROACETATE <u>Authority required (STREAMLINED)</u> 3075 A patient undergoing percutaneous coronary intervention.							
8844L	Powder for I.V. injection 250 mg (base)	1	..	..	671.75	35.40	Angiomax CS
DABIGATRAN ETEXILATE <u>Authority required</u> Prevention of venous thromboembolism in a patient undergoing total hip replacement.							
<u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
9318K NP	Capsule 75 mg (as mesilate)	20	1	..	*81.16	35.40	Pradaxa BY
9319L NP	Capsule 110 mg (as mesilate)	20	1	..	*81.16	35.40	Pradaxa BY
DABIGATRAN ETEXILATE <u>Authority required</u> Prevention of venous thromboembolism in a patient undergoing total hip replacement.							
<u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised for the pack of 60 capsules.							
9320M NP	Capsules 75 mg (as mesilate), 60	1	..	..	228.21	35.40	Pradaxa BY
9321N NP	Capsules 110 mg (as mesilate), 60	1	..	..	228.21	35.40	Pradaxa BY

Blood and blood forming organs

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	
<hr/>								
DABIGATRAN ETEXILATE								
<u>Authority required</u>								
Prevention of venous thromboembolism in a patient undergoing total knee replacement.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
9322P	Capsule 75 mg (as mesilate)	20	..	..	*81.16	35.40	Pradaxa	BY
NP								
9323Q	Capsule 110 mg (as mesilate)	20	..	..	*81.16	35.40	Pradaxa	BY
NP								

Other antithrombotic agents

APIXABAN								
<u>Authority required</u>								
Prevention of venous thromboembolism in a patient undergoing total knee replacement who requires up to 10 days of therapy;								
Prevention of venous thromboembolism in a patient undergoing total hip replacement who requires up to 10 days of therapy.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
5500L NP	Tablet 2.5 mg	20	..	..	101.14	35.40	Eliquis	BQ

APIXABAN								
<u>Authority required</u>								
Prevention of venous thromboembolism in a patient undergoing total knee replacement who requires up to 15 days of therapy;								
Prevention of venous thromboembolism in a patient undergoing total hip replacement who requires up to 15 days of therapy.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
5054B NP	Tablet 2.5 mg	30	..	..	148.66	35.40	Eliquis	BQ

APIXABAN								
<u>Authority required</u>								
Prevention of venous thromboembolism in a patient undergoing total hip replacement who requires up to 30 days of therapy.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
5061J NP	Tablet 2.5 mg	60	..	..	279.89	35.40	Eliquis	BQ

Blood and blood forming organs

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
FONDAPARINUX SODIUM							
<u>Authority required (STREAMLINED)</u>							
2005							
Prevention of venous thromboembolic events in patients undergoing major hip surgery;							
2006							
Prevention of venous thromboembolic events in patients undergoing total knee replacement.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
<u>Note</u>							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8775W NP	Injection 2.5 mg in 0.5 mL single dose pre-filled syringe	7	..	..	*140.54	35.40	Arixtra GK
RIVAROXABAN							
<u>Authority required</u>							
Prevention of venous thromboembolism in a patient undergoing total hip replacement.							
<u>Note</u>							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
9465E NP	Tablets 10 mg, 10	1	1	..	101.14	35.40	Xarelto BN
9466F NP	Tablet 10 mg	15	1	..	148.66	35.40	Xarelto BN
RIVAROXABAN							
<u>Authority required</u>							
Prevention of venous thromboembolism in a patient undergoing total hip replacement.							
<u>Note</u>							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised for the 30 tablet pack.							
9467G NP	Tablets 10 mg, 30	1	..	..	279.89	35.40	Xarelto BN
RIVAROXABAN							
<u>Authority required</u>							
Prevention of venous thromboembolism in a patient undergoing total knee replacement.							
<u>Note</u>							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
9468H NP	Tablets 10 mg, 10	1	..	..	101.14	35.40	Xarelto BN
9469J NP	Tablet 10 mg	15	..	..	148.66	35.40	Xarelto BN

Blood and blood forming organs

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	
Antihemorrhagics								
Antifibrinolytics								
Amino acids								
TRANEXAMIC ACID								
Note								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2180R NP	Tablet 500 mg	100	2	..	51.68	35.40	Cyklokapron	PF
Antianemic preparations								
Iron preparations								
Iron bivalent, oral preparations								
FERROUS FUMARATE								
8985X NP	Tablet 200 mg (equivalent to 65.7 mg iron)	60	1	..	11.62	12.71	Ferro-tab	AE
FERROUS SULFATE								
8815Y NP	Oral liquid 30 mg per mL, 250 mL	‡1	2	..	19.35	20.44	Ferro-Liquid	AE
Iron trivalent, parenteral preparations								
IRON POLYMALTOSE COMPLEX								
2593L NP	Injection 100 mg (iron) in 2 mL	5	..	..	49.57	35.40 ^a	Ferrosig	SI
						^a	Ferrum H	AS
IRON SUCROSE								
Authority required (STREAMLINED)								
2070								
Iron deficiency anaemia, in combination with either epoetin alfa or darbepoetin alfa, in patients undergoing chronic haemodialysis who have had a documented hypersensitivity reaction to iron polymaltose and in whom continued intravenous iron therapy is appropriate.								
8807M NP	Concentrate for solution for infusion 2.7 g (equivalent to 100 mg iron (III)) in 5 mL	5	..	..	139.48	35.40	Venofer	AS
Iron in combination with folic acid								
FERROUS FUMARATE with FOLIC ACID								
9011G NP	Tablet 310 mg (equivalent to 100 mg iron)-350 micrograms	60	1	..	12.79	13.88	Ferro-f-tab	AE
Vitamin B ₁₂ and folic acid								
Vitamin B ₁₂ (cyanocobalamin and derivatives)								
HYDROXOCOBALAMIN								
Restricted benefit								
Pernicious anaemia;								
Other proven vitamin B ₁₂ deficiencies;								
Prophylaxis after gastrectomy.								
Note								
One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B ₁₂ deficiencies.								
9048F NP	Injection 1 mg (as chloride) in 1 mL	3	..	..	14.84	15.93 ^a	Hydroxo-B12	AS
						^a	Neo-B12	HH

Blood and blood forming organs

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	
<i>Folic acid and derivatives</i>								
FOLIC ACID								
2958Q <i>NP</i>	Tablet 500 micrograms	200	..	..	*13.78	14.87	Megafol 0.5	AF
<hr/>								
FOLIC ACID								
<u>Note</u>								
The 5 mg strength tablet should be used in malabsorption states only.								
1437P <i>NP</i>	Tablet 5 mg	200	1	..	*14.02	15.11	Megafol 5	AF

Blood substitutes and perfusion solutions

Blood and related products

Blood substitutes and plasma protein fractions

8444K NP	GELATIN - SUCCINYLATED I.V. infusion 20 g per 500 mL, 500 mL	3	..	..	*45.75	35.40	Gelofusine	BR
9487H NP	HYDROXYETHYL STARCH 130/0.4 I.V. infusion 30 g per 500 mL, 500 mL	3	..	..	*45.75	35.40	Voluven 6%	PK
2334W NP	POLYGELINE I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL	3	..	..	*45.75	35.40	Haemaccel	AE

I.V. solutions

Solutions for parenteral nutrition

2245E NP	GLUCOSE I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	1	..	*22.82	23.91	^a B. Braun Australia Pty Ltd	BR
							^a Baxter Healthcare Pty Ltd	BX
							^a Fresenius Kabi Australia Pty Limited	PK
9444C NP	I.V. infusion 139 mmol (anhydrous) per 500 mL (5%), 500 mL	5	1	..	*17.87	18.96	^a B. Braun Australia Pty Ltd	BR
							^a Fresenius Kabi Australia Pty Limited	PK
9445D NP	I.V. infusion 278 mmol (anhydrous) per 500 mL (10%), 500 mL	5	1	..	*17.87	18.96	Fresenius Kabi Australia Pty Limited	PK
9474P NP	I.V. infusion 69.5 mmol (anhydrous) per 250 mL (5%), 250 mL	5	1	..	*23.67	24.76	^a B. Braun Australia Pty Ltd	BR
							^a Glucose 5% Freeflex	PK

Solutions affecting the electrolyte balance

3199J NP	ELECTROLYTE REPLACEMENT SOLUTION I.V. infusion 1 L	2	1	..	*21.96	23.05	Plasma-Lyte 148	BX
2260Y	SODIUM CHLORIDE I.V. infusion 513 mmol per L (3%), 1 L	2	1	..	*12.12	13.21	Baxter Healthcare	BX

Blood and blood forming organs

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	
<i>NP</i>								Pty Ltd	
2264E <i>NP</i>	I.V. infusion 154 mmol per L (0.9%), 1 L	5	1	..	*15.92	17.01	^a	B. Braun Australia Pty Ltd	BR
							^a	Baxter Healthcare Pty Ltd	BX
							^a	Fresenius Kabi Australia Pty Limited	PK
9392H <i>NP</i>	I.V. infusion 77 mmol per 500 mL (0.9%), 500 mL	5	1	..	*13.02	14.11	^a	B. Braun Australia Pty Ltd	BR
							^a	Fresenius Kabi Australia Pty Limited	PK
9473N <i>NP</i>	I.V. infusion 38.5 mmol per 250 mL (0.9%), 250 mL	5	1	..	*16.37	17.46	^a	B. Braun Australia Pty Ltd	BR
							^a	Sodium Chloride 0.9% Freeflex	PK
SODIUM CHLORIDE COMPOUND									
2266G <i>NP</i>	I.V. infusion 1 L	4	1	..	*30.02	31.11		Baxter Healthcare Pty Ltd	BX
SODIUM CHLORIDE with GLUCOSE									
2278X <i>NP</i>	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	1	..	*28.77	29.86		Baxter Healthcare Pty Ltd	BX
2279Y <i>NP</i>	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	1	..	*28.77	29.86		Baxter Healthcare Pty Ltd	BX
2281C <i>NP</i>	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	1	..	*23.52	24.61		Baxter Healthcare Pty Ltd	BX
SODIUM LACTATE COMPOUND									
2286H <i>NP</i>	I.V. infusion 1 L	5	1	..	*15.52	16.61	^a	B. Braun Australia Pty Ltd	BR
							^a	Baxter Healthcare Pty Ltd	BX
							^a	Fresenius Kabi Australia Pty Limited	PK
9416N <i>NP</i>	I.V. infusion 500 mL	5	1	..	*12.82	13.91	^a	B. Braun Australia Pty Ltd	BR
							^a	Fresenius Kabi Australia Pty Limited	PK

Cardiovascular system

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
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Cardiovascular system

Cardiac therapy

Cardiac glycosides

Digitalis glycosides

DIGOXIN

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1322N NP	Tablet 250 micrograms	100	1	..	10.71	11.80 ^a	Sigmaxin	FM
				^B 2.94	13.65	11.80 ^a	Lanoxin	QA
2605D NP	Tablet 62.5 micrograms	200	1	..	10.42	11.51 ^a	Sigmaxin-PG	FM
				^B 2.95	13.37	11.51 ^a	Lanoxin-PG	QA
3164M NP	Oral solution for children 50 micrograms per mL, 60 mL	2	3	..	*41.12	35.40	Lanoxin	QA

Antiarrhythmics, class I and III

Antiarrhythmics, class IA

DISOPYRAMIDE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2923W NP	Capsule 100 mg	100	5	..	29.13	30.22	Rythmodan	SW
2924X NP	Capsule 150 mg	100	5	..	46.51	35.40	Rythmodan	SW

Antiarrhythmics, class IB

LIGNOCAINE HYDROCHLORIDE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2875H NP	Injection 100 mg in 5 mL	5	..	..	37.33	35.40	Pfizer Australia Pty Ltd	PF
2876J NP	Infusion 500 mg in 5 mL	10	..	..	29.59	30.68	Xylocard 500	AP

Antiarrhythmics, class IC

FLECAINIDE ACETATE

Caution

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

Restricted benefit

Serious supra-ventricular cardiac arrhythmias;

Serious ventricular cardiac arrhythmias where treatment is initiated in a hospital (in-patient or out-patient).

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1088G NP	Tablet 50 mg	60	5	..	37.75	35.40	Tambacor	IA
1090J NP	Tablet 100 mg	60	5	..	44.69	35.40 ^a	Flecatag	AF

Cardiovascular system

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 Tambocor	IA

Antiarrhythmics, class III

AMIODARONE

Caution

Amiodarone hydrochloride has been reported to cause frequent and potentially serious toxicity. Regular monitoring of hepatic and thyroid function is recommended.

Restricted benefit

Severe cardiac arrhythmias.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2343H NP	Tablet containing amiodarone hydrochloride 200 mg	30	5	..	18.22	19.31	^a Amiodarone Sandoz	SZ
							^a Aratac 200	AF
							^a Chem mart Amiodarone	CH
							^a Cordarone X 200	SW
							^a GenRx Amiodarone	GX
							^a Rithmik 200	QA
							^a Terry White Chemists Amiodarone	TW
2344J NP	Tablet containing amiodarone hydrochloride 100 mg	30	5	..	13.04	14.13	^a Amiodarone Sandoz	SZ
							^a Aratac 100	AF
							^a Cordarone X 100	SW

SOTALOL HYDROCHLORIDE

Restricted benefit

Severe cardiac arrhythmias.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2043M NP	Tablet 160 mg	60	5	..	20.02	21.11	^a Cardol	AF
							^a Chem mart Sotalol	CH
							^a GenRx Sotalol	GX
							^a Solavert	QA
							^a Sotalol Sandoz	SZ
							^a Terry White Chemists Sotalol	TW
8398B NP	Tablet 80 mg	60	5	^B 3.40	23.42	21.11	^a Sotacor	FM
				..	12.77	13.86	^a GenRx Sotalol	GX
							^a Solavert	QA
							^a Sotalol Sandoz	SZ
				^B 3.40	16.17	13.86	^a Sotacor	FM

Cardiac stimulants excl. cardiac glycosides Adrenergic and dopaminergic agents

ADRENALINE

1016L NP	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	20.34	21.43	Link Medical Products Pty Ltd	LM
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Cardiovascular system

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	
ADRENALINE								
<u>Authority required</u>								
Initial sole PBS-subsidised supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis in a patient who:								
(a) has been assessed to be at significant risk of anaphylaxis by, or in consultation with, a clinical immunologist, allergist, paediatrician or respiratory physician. The name of the specialist consulted must be provided at the time of application for initial supply; or								
(b) has been discharged from hospital or an emergency department after treatment with adrenaline for acute allergic reaction with anaphylaxis;								
Continuing sole PBS-subsidised supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis, where the patient has previously been issued with an authority prescription for this drug.								
<u>Note</u>								
The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au .)								
<u>Note</u>								
Authority approvals will be limited to a maximum quantity of 2 auto-injectors (Anapen or EpiPen) at any one time.								
No repeats will be issued.								
<u>Caution</u>								
EpiPen and Anapen products have different administration techniques and should not be prescribed to the same patient without training in their use.								
3408J NP	I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector	1	..	..	106.00	35.40	Anapen Junior	LM
3409K NP	I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector	1	..	..	106.00	35.40	Anapen	LM
8697R NP	I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector	1	..	..	106.00	35.40	EpiPen Jr.	AL
8698T NP	I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector	1	..	..	106.00	35.40	EpiPen	AL

Vasodilators used in cardiac diseases

Organic nitrates

GLYCERYL TRINITRATE								
1459T NP	Tablets 600 micrograms, 100	1	5	..	14.83	15.92 ^a	Lycinate	FM
				^B 2.94	17.77	15.92 ^a	Anginine Stabilised	QA
1515R NP	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	27.32	28.41	Transiderm-Nitro 25	NV
1516T NP	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.81	34.90	Transiderm-Nitro 50	NV
8010N NP	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	27.32	28.41	Nitro-Dur 5	MK
8011P NP	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.81	34.90	Nitro-Dur 10	MK
8026K NP	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	33.81	34.90	Nitro-Dur 15	MK
8027L NP	Transdermal patch releasing approximately 5 mg per 24 hours	30	5	..	27.32	28.41	Minitran 5	IA
8028M NP	Transdermal patch releasing approximately 10 mg per 24 hours	30	5	..	33.81	34.90	Minitran 10	IA
8119H NP	Transdermal patch releasing approximately 15 mg per 24 hours	30	5	..	33.81	34.90	Minitran 15	IA

GLYCERYL TRINITRATE

Note

The spray should not be inhaled.

8171C NP	Sublingual spray (pump pack) 400 micrograms per dose (200 doses)	1	5	..	20.13	21.22	Nitrolingual Pumpspray	SW
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Cardiovascular system

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
ISOSORBIDE DINITRATE							
2588F NP	Sublingual tablet 5 mg	200	2	..	*14.56	15.65	Isordil Sublingual QA
ISOSORBIDE MONONITRATE							
1558B NP	Tablet 60 mg (sustained release)	30	5	..	11.92	13.01 ^a	Chem mart Isosorbide Mononitrate CH
						^a Duride	AF
						^a GenRx Isosorbide Mononitrate	GX
						^a Imtrate 60 mg	GM
						^a Isomonit	SZ
						^a Monodur 60 mg	PM
						^a Terry White Chemists Isosorbide Mononitrate	TW
				^B 2.41	14.33	13.01 ^a	Imdur Durule AP
8273K NP	Tablet 120 mg (sustained release)	30	5	..	19.45	20.54 ^a	Monodur 120 mg PM
				^B 2.55	22.00	20.54 ^a	Imdur 120 mg AP

Other vasodilators used in cardiac diseases

NICORANDIL

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8228C NP	Tablets 10 mg, 60	1	5	..	24.14	25.23	Ikorel	SW
8229D NP	Tablets 20 mg, 60	1	5	..	31.26	32.35	Ikorel	SW

PERHEXILINE MALEATE

Caution

Regular monitoring of drug serum levels is recommended.

Authority required (STREAMLINED)

1023

Angina not responding to other therapy.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1822X NP	Tablet 100 mg	100	5	..	62.62	35.40	Pexsig	QA
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Antihypertensives

Antiadrenergic agents, centrally acting

Methyldopa

METHYLDOPA								
1629R NP	Tablet 250 mg	100	5	..	13.30	14.39 ^a	Hydopa	AF
				^B 2.50	15.80	14.39 ^a	Aldomet	AS

Cardiovascular system

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	
Imidazoline receptor agonists								
CLONIDINE								
3141H NP	Tablet 150 micrograms	100	5	..	37.44	35.40	Catapres	BY
3145M NP	Tablet 100 micrograms	100	5	..	28.88	29.97	Catapres 100	BY
MOXONIDINE								
<u>Restricted benefit</u>								
Hypertension in patients receiving concurrent antihypertensive therapy.								
9019Q NP	Tablet 200 micrograms	30	5	..	19.53	20.62	Physiotens	AB
9020R NP	Tablet 400 micrograms	30	5	..	28.78	29.87	Physiotens	AB
Antiadrenergic agents, peripherally acting								
Alpha-adrenoceptor antagonists								
PRAZOSIN								
1478T NP	Tablet 5 mg (as hydrochloride)	100	5	..	20.57	21.66	^a APO-Prazosin	TX
							^a Chem mart	CH
							^a Prazosin	
							^a Minipress	PF
							^a Terry White	TW
							^a Chemists	
1479W NP	Tablet 1 mg (as hydrochloride)	100	5	..	11.37	12.46	^a Prazosin	TX
							^a Chem mart	CH
							^a Prazosin	
							^a Minipress	PF
							^a Terry White	TW
							^a Chemists	
1480X NP	Tablet 2 mg (as hydrochloride)	100	5	..	14.30	15.39	^a Prazosin	TX
							^a Chem mart	CH
							^a Prazosin	
							^a Minipress	PF
							^a Terry White	TW
							^a Chemists	
							^a Prazosin	

Arteriolar smooth muscle, agents acting on *Hydrazinophthalazine derivatives*

HYDRALAZINE HYDROCHLORIDE								
1639G NP	Tablet 50 mg	200	2	..	*17.42	18.51	Alphapress 50	AF
1640H NP	Tablet 25 mg	200	2	..	*15.50	16.59	Alphapress 25	AF

Pyrimidine derivatives

MINOXIDIL

Authority required (STREAMLINED)

2759

Severe refractory hypertension. Treatment must be initiated by a consultant physician.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Cardiovascular system

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	
2313R NP	Tablet 10 mg	100	5	..	52.83	35.40	Loniten	PF

Diuretics

Low-ceiling diuretics, thiazides

Thiazides, plain

HYDROCHLOROTHIAZIDE

1484D NP	Tablet 25 mg	100	1	..	21.24	22.33	Dithiazide	PL
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Low-ceiling diuretics, excl. thiazides

Sulfonamides, plain

CHLORTHALIDONE

1585K NP	Tablet 25 mg	100	1	..	*17.58	18.67	Hygroton 25	LM
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INDAPAMIDE HEMIHYDRATE

2436F NP	Tablet 2.5 mg	90	1	..	16.93	18.02	^a Chem mart	CH
							^a Indapamide	
							^a Dapa-Tabs	AF
							^a GenRx Indapamide	GX
							^a Indapamide-GA	GM
							^a Indapamide Sandoz	SZ
							^a Insig	QA
8532C NP	Tablet 1.5 mg (sustained release)	90	1	..	19.30	20.39	^a Terry White Chemists	TW
							^a Indapamide	
							^a Natrilix	SE
							^a Natrilix SR	SE

High-ceiling diuretics

Sulfonamides, plain

FRUSEMIDE

2411X NP	Oral solution 10 mg per mL, 30 mL	‡1	3	..	17.06	18.15	Lasix	SW
2412Y NP	Tablet 40 mg	100	1	..	8.32	9.41	^a Chem mart	CH
							^a Frusemide	
							^a Frusax	GN
							^a Frusemide-PS	FZ
							^a Frusemide Sandoz	SZ
							^a Frusid	GM
							^a GenRx Frusemide	GX
2413B NP	Injection 20 mg in 2 mL	5	..	..	9.62	10.71	^a Terry White Chemists	TW
							^a Frusemide	
							^a Uremide	AF
							^a Urex	FM
							^a Lasix	SW
2414C NP	Tablet 20 mg	100	1	..	8.50	9.59	^a Frusemide-Clarix	AE
							^a Frusemide Sandoz	SZ
							^a Lasix	SW
							^a Chem mart	CH
							^a Frusemide	

Cardiovascular system

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 Frusemide-PS FZ
							^a Frusid GM
							^a GenRx Frusemide GX
							^a Terry White Chemists Frusemide TW
				..	*8.50	9.59	Urex-M FM
				^B 1.60	*10.10	9.59	^a Lasix-M SW
2415D NP	Tablet 500 mg	50	3	..	16.24	17.33	Urex-Forte FM

Aryloxyacetic acid derivatives

ETHACRYNIC ACID

Restricted benefit

Patients hypersensitive to other oral diuretics.

8748K NP	Tablet 25 mg	200	1	..	*197.30	35.40	Edecrin FK
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Potassium-sparing agents *Aldosterone antagonists*

EPLERENONE

Caution

Serum electrolytes should be checked regularly.

Authority required (STREAMLINED)

2637

Heart failure with a left ventricular ejection fraction of 40% or less occurring within 3 to 14 days following an acute myocardial infarction. Treatment with eplerenone must be commenced within 14 days of an acute myocardial infarction.

The date of the acute myocardial infarction and the date of initiation of eplerenone treatment must be documented in the patient's medical records when PBS-subsidised treatment is initiated.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8879H NP	Tablet 25 mg	30	5	..	112.77	35.40	Inspira PF
8880J NP	Tablet 50 mg	30	5	..	112.77	35.40	Inspira PF

SPIRONOLACTONE

Caution

Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.

Caution

Serum electrolytes should be checked regularly.

2339D NP	Tablet 25 mg	100	5	..	12.19	13.28	^a Spiractin 25 AF
				^B 1.75	13.94	13.28	^a Aldactone PF
2340E NP	Tablet 100 mg	100	5	..	29.12	30.21	^a Spiractin 100 AF
				^B 2.40	31.52	30.21	^a Aldactone PF

Diuretics and potassium-sparing agents in combination *Low-ceiling diuretics and potassium-sparing agents*

HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE

Caution

Serum electrolytes should be checked regularly.

1486F NP	Tablet 50 mg-5 mg	100	1	..	*13.50	14.59	Moduretic AS
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Cardiovascular system

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	
HYDROCHLOROTHIAZIDE with TRIAMTERENE								
<u>Caution</u> Serum electrolytes should be checked regularly.								
1280J NP	Tablet 25 mg-50 mg	100	1	..	12.89	13.98	Hydrene 25/50	AF

Peripheral vasodilators

Peripheral vasodilators

Other peripheral vasodilators

PHENOXYBENZAMINE HYDROCHLORIDE

Restricted benefit

Phaeochromocytoma;

Neurogenic urinary retention.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1166J NP	Capsules 10 mg, 30	3	5	..	*204.90	35.40	Dibenyline	GH
1862B NP	Capsule 10 mg	100	5	..	67.36	35.40	Dibenyline	GH
9286R NP	Capsules 10 mg, 100	1	5	..	1164.47	35.40	Dibenzyliline	BZ

Beta blocking agents

Beta blocking agents

Beta blocking agents, non-selective

OXPRENOLOL HYDROCHLORIDE

2942W NP	Tablet 20 mg	100	5	..	27.88	28.97	Corbeton 20	AF
2961W NP	Tablet 40 mg	100	5	..	48.24	35.40	Corbeton 40	AF

PINDOLOL

3062E NP	Tablet 5 mg	100	5	..	33.36	34.45	Barbloc 5	AF
3065H NP	Tablet 15 mg	50	5	..	13.34	14.43 ^a	Barbloc 15	AF
				^B 2.57	15.91	14.43 ^a	Visken 15	NV

PROPRANOLOL HYDROCHLORIDE

2565B NP	Tablet 10 mg	100	5	..	10.19	11.28	Deralin 10	AF
				^B 3.14	13.33	11.28	Inderal	AP
2566C NP	Tablet 40 mg	100	5	..	10.56	11.65	Deralin 40	AF
				^B 3.14	13.70	11.65	Inderal	AP
2899N NP	Tablet 160 mg	50	5	..	11.01	12.10	Deralin 160	AF

SOTALOL HYDROCHLORIDE

Restricted benefit

Severe cardiac arrhythmias.

Cardiovascular system

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
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
2043M NP	Tablet 160 mg	60	5	..	20.02	21.11	^a Cardol AF
							^a Chem mart Sotalol CH
							^a GenRx Sotalol GX
							^a Solavert QA
							^a Sotalol Sandoz SZ
							^a Terry White Chemists Sotalol TW
				^B 3.40	23.42	21.11	^a Sotacor FM
8398B NP	Tablet 80 mg	60	5	..	12.77	13.86	^a GenRx Sotalol GX
							^a Solavert QA
							^a Sotalol Sandoz SZ
				^B 3.40	16.17	13.86	^a Sotacor FM

Beta blocking agents, selective

1081X NP	ATENOLOL Tablet 50 mg	30	5	..	8.81	9.90	^a APO-Atenolol TX
							^a Atenolol-GA GN
							^a Atenolol generichealth GQ
							^a Atenolol-PS FZ
							^a Atenolol Sandoz SZ
							^a Chem mart Atenolol CH
							^a Noten AF
							^a Tensig QA
							^a Terry White Chemists Atenolol TW
				^B 2.21	11.02	9.90	^a Tenormin AP

BISOPROLOL FUMARATE

Authority required (STREAMLINED)

3234

Moderate to severe heart failure in a patient stabilised on conventional therapy which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8604W NP	Tablet 2.5 mg	28	5	..	48.40	35.40	^a APO-Bisoprolol TX
							^a Bicard 2.5 QA
							^a Bicolor AL
							^a Bisoprolol GH GQ
							^a Bisoprolol Pfizer FZ
							^a Bisoprolol Sandoz SZ
							^a Bispro 2.5 AF
							^a Chem mart Bisoprolol CH
							^a Terry White Chemists TW

Cardiovascular system

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
8605X NP	Tablet 5 mg	28	5	..	57.94	35.40	^a Bisoprolol APO-Bisoprolol TX
							^a Bicard 5 QA
							^a Bicolor AL
							^a Bisoprolol GH GQ
							^a Bisoprolol Pfizer FZ
							^a Bisoprolol Sandoz SZ
							^a Bispro 5 AF
							^a Chem mart Bisoprolol CH
8606Y NP	Tablet 10 mg	28	5	..	70.83	35.40	^a Terry White Chemists Bisoprolol APO-Bisoprolol TW
							^a Bicard 10 QA
							^a Bicolor AL
							^a Bisoprolol GH GQ
							^a Bisoprolol Pfizer FZ
							^a Bisoprolol Sandoz SZ
							^a Bispro 10 AF
							^a Chem mart Bisoprolol CH
							^a Terry White Chemists Bisoprolol TW

METOPROLOL SUCCINATE

Authority required (STREAMLINED)

3234

Moderate to severe heart failure in a patient stabilised on conventional therapy which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8732N NP	Tablet 23.75 mg (controlled release)	15	..	..	21.04	22.13	Toprol-XL 23.75	AP
8733P NP	Tablet 47.5 mg (controlled release)	30	5	..	72.46	35.40	Toprol-XL 47.5	AP
8734Q NP	Tablet 95 mg (controlled release)	30	5	..	88.96	35.40	Toprol-XL 95	AP
8735R NP	Tablet 190 mg (controlled release)	30	5	..	109.60	35.40	Toprol-XL 190	AP

METOPROLOL TARTRATE

1324Q NP	Tablet 50 mg	100	5	..	9.82	10.91	^a Chem mart Metoprolol CH
							^a GenRx Metoprolol GX
							^a Metohexal SZ
							^a Metrol 50 QA
							^a Minax 50 AF
							^a Terry White Chemists Metoprolol TW
				B2.51	12.33	10.91	^a Betaloc AP
					12.34	10.91	Lopresor 50 NV
1325R	Tablet 100 mg	60	5	..	10.76	11.85	^a Chem mart CH

Cardiovascular system

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	
NP							Metoprolol	
							^a GenRx Metoprolol	GX
							^a Metohexal	SZ
							^a Metrol 100	QA
							^a Minax 100	AF
							^a Terry White Chemists Metoprolol	TW
							^a Betaloc	AP
				^B 2.50	13.26	11.85	Lopresor 100	NV

NEBIVOLOL

Authority required (STREAMLINED)

3234

Moderate to severe heart failure in a patient stabilised on conventional therapy which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9310B	Tablet 1.25 mg (as hydrochloride), 28	1	5	..	29.25	30.34	Nebilet	CS
NP								
9311C	Tablet 5 mg (as hydrochloride)	28	5	..	60.94	35.40	Nebilet	CS
NP								
9312D	Tablet 10 mg (as hydrochloride)	28	5	..	68.02	35.40	Nebilet	CS
NP								
9316H	Tablet 1.25 mg (as hydrochloride)	56	5	..	*50.62	35.40	Nebilet	CS
NP								

Alpha and beta blocking agents

CARVEDILOL

Authority required (STREAMLINED)

3234

Moderate to severe heart failure in a patient stabilised on conventional therapy which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated;

1735

Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8255L	Tablet 3.125 mg	30	..	..	12.81	13.90	^a APO-Carvedilol	TX
NP								
							^a Chem mart Carvedilol 3.125 mg	CH
							^a Dilasig 3.125	FM
							^a Dilatrend 3.125	RO
							^a GenRx Carvedilol	GX
							^a GN-Carvedilol	GM
							^a Kredex	MD
							^a Terry White Chemists Carvedilol 3.125 mg	TW
							^a Vedilol 3.125	QA
8256M	Tablet 6.25 mg	60	5	..	36.65	35.40	^a APO-Carvedilol	TX
NP								
							^a Carvedilol generichealth	GQ

Cardiovascular system

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
8257N NP	Tablet 12.5 mg	60	5	..	43.79	35.40	^a Carvedilol Sandoz SZ
							^a Chem mart CH
							Carvedilol 6.25 mg
							^a Dicarz AF
							^a Dilasig 6.25 FM
							^a Dilatrend 6.25 RO
							^a GenRx Carvedilol GX
							^a GN-Carvedilol GM
							^a Terry White Chemists TW
							Carvedilol 6.25 mg
							^a Vedilol 6.25 QA
							^a APO-Carvedilol TX
							^a Carvedilol generichealth GQ
							^a Carvedilol Sandoz SZ
							^a Chem mart CH
							Carvedilol 12.5 mg
8258P NP	Tablet 25 mg	60	5	..	52.00	35.40	^a Dicarz AF
							^a Dilasig 12.5 FM
							^a Dilatrend 12.5 RO
							^a GenRx Carvedilol GX
							^a GN-Carvedilol GM
							^a Terry White Chemists TW
							Carvedilol 12.5 mg
							^a Vedilol 12.5 QA
							^a APO-Carvedilol TX
							^a Carvedilol generichealth GQ
							^a Carvedilol Sandoz SZ
							^a Chem mart CH
							Carvedilol 25 mg
							^a Dicarz AF
							^a Dilasig 25 FM
							^a Dilatrend 25 RO
1566K NP	Tablet 100 mg	100	5	..	15.28	16.37	^a Presolol 100 AF
					^B 3.13 18.41	16.37	^a Trandate QA
1567L NP	Tablet 200 mg	100	5	..	21.00	22.09	^a Presolol 200 AF
					^B 3.14 24.14	22.09	^a Trandate QA

Cardiovascular system

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 channel blockers							

Selective calcium channel blockers with mainly vascular effects

Dihydropyridine derivatives

AMLODIPINE

Note

Pharmaceutical benefits that have the form amlodipine tablet 5 mg (as besylate) and pharmaceutical benefits that have the form amlodipine tablet 5 mg (as maleate) are equivalent for the purposes of substitution.

1343Q NP	Tablet 5 mg (as maleate)	30	5	..	11.46	12.55	^a	Amlo 5	ZP
2751T NP	Tablet 5 mg (as besylate)	30	5	..	11.46	12.55	^a	Amlodipine-DRLA	RZ
							^a	Amlodipine-GA	GM
							^a	Amlodipine generichealth	GQ
							^a	Amlodipine Pfizer	FZ
							^a	Amlodipine Sandoz	SZ
							^a	APO-Amlodipine	TX
							^a	Auro-Amlodipine 5	DO
							^a	Chem mart Amlodipine	CH
							^a	Nordip	AF
							^a	Norvapine	GN
							^a	Ozlodip	RA
							^a	Pharmacor Amlodipine 5	CR
							^a	Terry White Chemists Amlodipine	TW
				^B 1.92	13.38	12.55	^a	Norvasc	PF

AMLODIPINE

Note

Pharmaceutical benefits that have the form amlodipine tablet 10 mg (as besylate) and pharmaceutical benefits that have the form amlodipine tablet 10 mg (as maleate) are equivalent for the purposes of substitution.

1345T NP	Tablet 10 mg (as maleate)	30	5	..	15.25	16.34	^a	Amlo 10	ZP
2752W NP	Tablet 10 mg (as besylate)	30	5	..	15.25	16.34	^a	Amlodipine-DRLA	RZ
							^a	Amlodipine-GA	GM
							^a	Amlodipine generichealth	GQ
							^a	Amlodipine Pfizer	FZ
							^a	Amlodipine Sandoz	SZ
							^a	APO-Amlodipine	TX
							^a	Auro-Amlodipine 10	DO
							^a	Chem mart Amlodipine	CH
							^a	Nordip	AF
							^a	Norvapine	GN
							^a	Ozlodip	RA
							^a	Pharmacor Amlodipine 10	CR
							^a	Terry White Chemists Amlodipine	TW
				^B 2.80	18.05	16.34	^a	Norvasc	PF

Cardiovascular system

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	
FELODIPINE									
2361G NP	Tablet 2.5 mg (extended release)	30	5	..	11.61	12.70	^a	Felodur ER 2.5 mg	AL
				^B 4.06	15.67	12.70	^a	Plendil ER	AP
2366M NP	Tablet 5 mg (extended release)	30	5	..	13.87	14.96	^a	Felodil XR 5	QA
							^a	Felodur ER 5 mg	AL
				^B 4.07	17.94	14.96	^a	Plendil ER	AP
2367N NP	Tablet 10 mg (extended release)	30	5	..	19.91	21.00	^a	Felodil XR 10	QA
							^a	Felodur ER 10 mg	AL
				^B 4.08	23.99	21.00	^a	Plendil ER	AP
LERCANIDIPINE HYDROCHLORIDE									
8534E NP	Tablet 10 mg	28	5	..	12.66	13.75	^a	APO-Lercanidipine	TX
							^a	Chem mart Lercanidipine	CH
							^a	Lercadip	GM
							^a	Lercan	QA
							^a	Lercanidipine Sandoz	SZ
							^a	Terry White Chemists Lercanidipine	TW
							^a	Zircol	AF
				^B 2.66	15.32	13.75	^a	Zanidip	AB
8679T NP	Tablet 20 mg	28	5	..	16.84	17.93	^a	APO-Lercanidipine	TX
							^a	Chem mart Lercanidipine	CH
							^a	Lercadip	GM
							^a	Lercan	QA
							^a	Lercanidipine Sandoz	SZ
							^a	Terry White Chemists Lercanidipine	TW
							^a	Zircol	AF
				^B 2.64	19.48	17.93	^a	Zanidip	AB
NIFEDIPINE									
1694E NP	Tablet 10 mg	60	5	..	13.65	14.74	^a	Adefin 10	AF
				^B 0.95	14.60	14.74	^a	Adalat 10	BN
1695F NP	Tablet 20 mg	60	5	..	15.32	16.41	^a	Adefin 20	AF
							^a	GenRx Nifedipine	GX
							^a	Nifexhexal	SZ
				^B 1.76	17.08	16.41	^a	Adalat 20	BN
1906H NP	Tablet 30 mg (controlled release)	30	5	..	16.43	17.52	^a	Addos XR 30	QA
							^a	Adefin XL 30	AF
							^a	APO-Nifedipine XR	TX
				^B 2.03	18.46	17.52	^a	Adalat Oros 30	BN
1907J NP	Tablet 60 mg (controlled release)	30	5	..	18.98	20.07	^a	Addos XR 60	QA
							^a	Adefin XL 60	AF
							^a	APO-Nifedipine XR	TX

Cardiovascular system

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	
8610E	Tablet 20 mg (controlled release)	30	5	^B 2.24	21.22	20.07	^a Adalat Oros 60	BN
<i>NP</i>				..	15.68	16.77	Adalat Oros 20mg	BN

Selective calcium channel blockers with direct cardiac effects *Phenylalkylamine derivatives*

VERAPAMIL HYDROCHLORIDE

Caution

The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

1060T	Injection 5 mg in 2 mL	5	..	..	12.38	13.47	Isoptin	AB
<i>NP</i>								
1241H	Tablet 240 mg (sustained release)	30	5	..	15.67	16.76	^a Cordilox SR	KN
<i>NP</i>				^B 2.15	17.82	16.76	^a Isoptin SR	AB
1248Q	Tablet 40 mg	100	5	..	11.26	12.35	^a Anpec 40	AF
<i>NP</i>				^B 0.73	11.99	12.35	^a Isoptin	AB
1250T	Tablet 80 mg	100	5	..	15.01	16.10	^a Anpec 80	AF
<i>NP</i>				^B 0.71	15.72	16.10	^a Isoptin	AB
1253Y	Tablet 160 mg	60	5	..	17.84	18.93	Isoptin	AB
<i>NP</i>								
1254B	Tablet 120 mg	100	5	..	18.86	19.95	Isoptin	AB
<i>NP</i>								
2206D	Capsule 160 mg (sustained release)	30	5	..	12.15	13.24	Veracaps SR	QA
<i>NP</i>								
2207E	Capsule 240 mg (sustained release)	30	5	..	15.75	16.84	Veracaps SR	QA
<i>NP</i>								
2208F	Tablet 180 mg (sustained release)	30	5	..	13.35	14.44	^a Cordilox 180 SR	KN
<i>NP</i>				^B 2.16	15.51	14.44	^a Isoptin 180 SR	AB

Benzothiazepine derivatives

DILTIAZEM HYDROCHLORIDE

Caution

The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

1312C	Capsule 180 mg (controlled delivery)	30	5	..	15.07	16.16	^a Cardizem CD	SW
<i>NP</i>							^a Chem mart	CH
							^a Diltiazem CD	CH
							^a Diltahexal CD	SZ
							^a GenRx Diltiazem CD	GX
							^a Terry White Chemists	TW
							^a Diltiazem CD	AV
							^a Vasocardol CD	AV
1313D	Capsule 240 mg (controlled delivery)	30	5	..	18.10	19.19	^a Cardizem CD	SW
<i>NP</i>							^a Chem mart	CH
							^a Diltiazem CD	CH
							^a Diltahexal CD	SZ
							^a GenRx Diltiazem CD	GX
							^a Terry White Chemists	TW
							^a Diltiazem CD	AV
							^a Vasocardol CD	AV
1335G	Tablet 60 mg	90	5	..	14.22	15.31	^a Cardizem	SW
<i>NP</i>							^a Chem mart	CH
							^a Diltiazem	CH

Cardiovascular system

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 Coras	AF
							^a Diltiazem Sandoz	SZ
							^a Dilzem 60 mg	GM
							^a GenRx Diltiazem	GX
							^a Terry White Chemists Diltiazem	TW
							^a Vasocardol	AV
8480H <i>NP</i>	Capsule 360 mg (controlled delivery)	30	5	..	21.74	22.83	^a Cardizem CD	SW
							^a Diltahexal CD	SZ
							^a Vasocardol CD	AV

Agents acting on the renin-angiotensin system

ACE inhibitors, plain

ACE inhibitors, plain

Caution

Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

CAPTOPRIL

1147J <i>NP</i>	Tablet 12.5 mg	90	5	..	14.67	15.76	^a Captopril Sandoz	SZ
							^a GenRx Captopril	GX
							^a Zedace	AF
1148K <i>NP</i>	Tablet 25 mg	90	5	..	18.36	19.45	^a Captopril Sandoz	SZ
							^a GenRx Captopril	GX
							^a Zedace	AF
				^B 4.03	22.39	19.45	^a Capoten	QA
1149L <i>NP</i>	Tablet 50 mg	90	5	..	29.97	31.06	^a Captopril Sandoz	SZ
							^a GenRx Captopril	GX
							^a Zedace	AF
				^B 4.03	34.00	31.06	^a Capoten	QA

CAPTOPRIL

Restricted benefit

For patients unable to take a solid dose form of an ACE inhibitor.

8760C <i>NP</i>	Oral solution 5 mg per mL, 95 mL	1	5	..	111.82	35.40	Capoten	QA
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ENALAPRIL

1368B <i>NP</i>	Tablet containing enalapril maleate 10 mg	30	5	..	13.76	14.85	^a Acetec	AL
							^a Auspril	QA
							^a Chem mart Enalapril	CH
							^a Enalapril-GA	GM
							^a Enalapril generichealth	GQ
							^a Enalapril Sandoz	SZ
							^a Enalapril Winthrop	WA
							^a GenRx Enalapril	GX
							^a Terry White Chemists	TW

Cardiovascular system

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
1369C NP	Tablet containing enalapril maleate 20 mg	30	5	^B 3.49	17.25	14.85	^a	Enalapril
				..	15.76	16.85	^a	Renitec MK
							^a	Acetec AL
							^a	Auspril QA
							^a	Chem mart CH
							^a	Enalapril
							^a	Enalapril-GA GM
							^a	Enalapril GQ
							^a	generichealth
							^a	Enalapril Sandoz SZ
1370D NP	Tablet containing enalapril maleate 5 mg	30	5	^B 3.49	19.25	16.85	^a	GenRx Enalapril GX
				..	10.88	11.97	^a	Terry White Chemists TW
							^a	Enalapril
							^a	Renitec 20 MK
							^a	Acetec AL
							^a	Auspril QA
							^a	Chem mart CH
							^a	Enalapril
							^a	Enalapril-GA GM
							^a	Enalapril GQ
1182F NP	FOSINOPRIL SODIUM Tablet 10 mg	30	5	..	15.19	16.28	^a	generichealth
							^a	Enalapril Sandoz SZ
							^a	Enalapril Winthrop WA
							^a	GenRx Enalapril GX
							^a	Terry White Chemists TW
							^a	Enalapril
							^a	Renitec M MK
							^a	Fosinopril Sandoz SZ
							^a	Fosipril 10 QA
							^a	GenRx Fosinopril GX
1183G NP	Tablet 20 mg	30	5	..	19.56	20.65	^a	Monace 10 AF
							^a	Monopril BQ
							^a	Fosinopril Sandoz SZ
							^a	Fosipril 20 QA
							^a	GenRx Fosinopril GX
							^a	Monace 20 AF
							^a	Monopril BQ
							^a	
							^a	
							^a	
2456G NP	LISINOPRIL Tablet 5 mg	30	5	..	11.88	12.97	^a	APO-Lisinopril TX
							^a	Chem mart CH
							^a	Lisinopril
							^a	Fibsol 5 QA
							^a	GenRx Lisinopril GX
							^a	Lisinopril 5 CR
							^a	Lisinopril-DRLA RZ
							^a	Lisinopril-GA GN
							^a	Lisinopril GQ
							^a	generichealth

Cardiovascular system

					Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	\$	\$	Brand Name and Manufacturer	
2457H NP	Tablet 10 mg	30	5	..	14.62	15.71	^a	Lisinopril-PS FZ
							^a	Lisinopril Ranbaxy RA
							^a	Lisinopril Sandoz SZ
							^a	Lisinopril Winthrop WA
							^a	Lisodur AF
							^a	Terry White Chemists Lisinopril TW
				^B 1.47	13.35	12.97	^a	Zestril AP
				^B 2.96	14.84	12.97	^a	Prinivil 5 MK
				^a	14.62	15.71	^a	AP0-Lisinopril TX
				^a			^a	Chem mart Lisinopril CH
				^a			^a	Fibsol 10 QA
				^a			^a	GenRx Lisinopril GX
				^a			^a	Lisinopril 10 CR
				^a			^a	Lisinopril-DRLA RZ
				^a			^a	Lisinopril-GA GN
				^a			^a	Lisinopril generichealth GQ
				^a			^a	Lisinopril-PS FZ
				^a			^a	Lisinopril Ranbaxy RA
				^a			^a	Lisinopril Sandoz SZ
				^a			^a	Lisinopril Winthrop WA
				^a			^a	Lisodur AF
				^a			^a	Terry White Chemists Lisinopril TW
2458J NP	Tablet 20 mg	30	5	..	16.09	15.71	^B 1.47	^a Zestril AP
							^B 2.94	17.56	15.71	^{a} Prinivil 10 MK
				^a	16.75	17.84	^a	AP0-Lisinopril TX
				^a			^a	Chem mart Lisinopril CH
				^a			^a	Fibsol 20 QA
				^a			^a	GenRx Lisinopril GX
				^a			^a	Lisinopril 20 CR
				^a			^a	Lisinopril-DRLA RZ
				^a			^a	Lisinopril-GA GN
				^a			^a	Lisinopril generichealth GQ
				^a			^a	Lisinopril-PS FZ
				^a			^a	Lisinopril Ranbaxy RA
				^a			^a	Lisinopril Sandoz SZ
				^a			^a	Lisinopril Winthrop WA
				^a			^a	Lisodur AF
				^a			^a	Terry White Chemists Lisinopril TW
				^B 1.47	18.22	17.84	^a	Zestril AP
				^B 2.94	19.69	17.84	^a	Prinivil 20 MK

PERINDOPRIL
Note

Cardiovascular system

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
	Pharmaceutical benefits that have the form perindopril erbumine tablet 2 mg and pharmaceutical benefits that have the form perindopril arginine tablet 2.5 mg are equivalent for the purposes of substitution.							
3050M NP	Tablet containing 2 mg perindopril erbumine	30	5	..	11.38	12.47	^a	APO-Perindopril TX
							^a	Chem mart CH
							^a	Perindopril
							^a	GenRx Perindopril GX
							^a	Idaprex 2 SZ
							^a	Indopril 2 QA
							^a	Ozapace RA
							^a	Perindo AF
							^a	Perindopril 2 CR
							^a	Perindopril-DP GN
							^a	Perindopril-GA GM
							^a	Perindopril generichealth GQ
							^a	Terry White Chemists TW
							^a	Perindopril
9006B NP	Tablet containing 2.5 mg perindopril arginine	30	5	..	11.38	12.47	^a	Coversyl 2.5mg SE

PERINDOPRIL

Note

Pharmaceutical benefits that have the form perindopril erbumine tablet 4 mg and pharmaceutical benefits that have the form perindopril arginine tablet 5 mg are equivalent for the purposes of substitution.

3051N NP	Tablet containing 4 mg perindopril erbumine	30	5	..	15.69	16.78	^a	APO-Perindopril TX
							^a	Chem mart CH
							^a	Perindopril
							^a	GenRx Perindopril GX
							^a	Idaprex 4 SZ
							^a	Indopril 4 QA
							^a	Ozapace RA
							^a	Perindo AF
							^a	Perindopril 4 CR
							^a	Perindopril-DP GN
							^a	Perindopril-GA GM
							^a	Perindopril generichealth GQ
							^a	Terry White Chemists TW
							^a	Perindopril
9007C NP	Tablet containing 5 mg perindopril arginine	30	5	..	15.69	16.78	^a	Coversyl 5mg SE

PERINDOPRIL

Note

Pharmaceutical benefits that have the form perindopril erbumine tablet 8 mg and pharmaceutical benefits that have the form perindopril arginine tablet 10 mg are equivalent for the purposes of substitution.

8704D NP	Tablet containing 8 mg perindopril erbumine	30	5	..	20.62	21.71	^a	APO-Perindopril TX
							^a	Chem mart CH
							^a	Perindopril
							^a	GenRx Perindopril GX
							^a	Idaprex 8 SZ

Cardiovascular system

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 Indopril 8 QA
							^a Ozapace RA
							^a Perindo AF
							^a Perindopril 8 CR
							^a Perindopril-DP GN
							^a Perindopril-GA GM
							^a Perindopril generichealth GQ
							^a Terry White Chemists TW
9008D NP	Tablet containing 10 mg perindopril arginine	30	5	..	20.62	21.71	^a Perindopril Coversyl 10mg SE
QUINAPRIL							
1968N NP	Tablet 5 mg (as hydrochloride)	30	5	..	11.84	12.93	^a Acquin 5 QA
							^a Acquin Aspen 5 AS
							^a APO-Quinapril TX
							^a Aquinafil GN
							^a Filpril FZ
							^a Pharmacor Quinapril 5 CR
							^a Qpril 5 AF
							^a Quinapril generichealth GQ
1969P NP	Tablet 10 mg (as hydrochloride)	30	5	..	14.15	15.24	^a Quinapril Sandoz SZ
							^a Accupril PF
							^a Acquin 10 QA
							^a Acquin Aspen 10 AS
							^a APO-Quinapril TX
							^a Aquinafil GN
							^a Filpril FZ
							^a Pharmacor Quinapril 10 CR
1970Q NP	Tablet 20 mg (as hydrochloride)	30	5	..	15.99	17.08	^a Qpril 10 AF
							^a Quinapril generichealth GQ
							^a Accupril PF
							^a Acquin 20 QA
							^a Acquin Aspen 20 AS
							^a APO-Quinapril TX
							^a Aquinafil GN
							^a Filpril FZ
							^a Pharmacor Quinapril 20 CR
							^a Qpril 20 AF
							^a Quinapril-GA GM
							^a Quinapril generichealth GQ
							^a Quinapril Sandoz SZ
							^a Accupril PF
							^B 0.72 16.71 17.08

[illegible]

Cardiovascular system

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	
9122D NP	Capsule 5 mg	30	5	..	12.07	13.16	^a Prilace 5	QA
							^a Ramace 5 mg	AV
							^a Ramipril Sandoz	SZ
							^a Ramipril Winthrop	WA
							^a Terry White Chemists Ramipril	TW
							^a Tritace 5 mg	SW
							^a Tryzan Tabs 5	AF
							^a Pharmacor Ramipril 5	CR
							^a Ramipril-GA	GM
							^a Ramipril generichealth	GQ
							^a Tryzan Caps 5	AF
							<hr/>	
RAMIPRIL								
Note								
Pharmaceutical benefits that have the form ramipril tablet 10 mg and pharmaceutical benefits that have the form ramipril capsule 10 mg are equivalent for the purposes of substitution.								
1316G NP	Tablet 10 mg	30	5	..	16.40	17.49	^a APO-Ramipril	TX
							^a Chem mart Ramipril	CH
							^a Ramipril Sandoz	SZ
							^a Terry White Chemists Ramipril	TW
							^a Tritace	SW
							^a Tryzan Tabs 10	AF
8470T NP	Capsule 10 mg	30	5	..	16.40	17.49	^a APO-Ramipril	TX
							^a Chem mart Ramipril	CH
							^a GenRx Ramipril	GX
							^a Pharmacor Ramipril 10	CR
							^a Prilace 10	QA
							^a Ramace 10 mg	AV
							^a Ramipril-GA	GM
							^a Ramipril generichealth	GQ
							^a Ramipril-PS	FZ
							^a Ramipril Sandoz	SZ
							^a Ramipril Winthrop	WA
							^a Terry White Chemists Ramipril	TW
							^a Tritace 10 mg	SW
							^a Tryzan Caps 10	AF
							<hr/>	
RAMIPRIL								
8668F NP	Pack containing 7 tablets 2.5 mg, 21 tablets 5 mg and 10 capsules 10 mg	\$1	..	..	15.68	16.77	Tritace Titration Pack	SW

Cardiovascular system

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	
TRANDOLAPRIL									
2791X NP	Capsule 500 micrograms	28	5	..	8.58	9.67	^a	APO-Trandolapril	TX
							^a	Dolapril 0.5	QA
							^a	Tranalpha	AF
							^a	Trandolapril-DP	GN
							^a	Trandolapril generichealth	GQ
				^B 1.39	9.97	9.67	^a	Gopten	AB
2792Y NP	Capsule 1 mg	28	5	..	12.15	13.24	^a	APO-Trandolapril	TX
							^a	Dolapril 1	QA
							^a	Tranalpha	AF
							^a	Trandolapril-DP	GN
							^a	Trandolapril generichealth	GQ
				^B 1.41	13.56	13.24	^a	Gopten	AB
2793B NP	Capsule 2 mg	28	5	..	13.33	14.42	^a	APO-Trandolapril	TX
							^a	Dolapril 2	QA
							^a	Tranalpha	AF
							^a	Trandolapril-DP	GN
							^a	Trandolapril generichealth	GQ
				^B 1.40	14.73	14.42	^a	Gopten	AB
8758Y NP	Capsule 4 mg	28	5	..	19.39	20.48	^a	APO-Trandolapril	TX
							^a	Dolapril 4	QA
							^a	Tranalpha	AF
							^a	Trandolapril-DP	GN
							^a	Trandolapril generichealth	GQ
				^B 1.42	20.81	20.48	^a	Gopten	AB

ACE inhibitors, combinations

ACE inhibitors and diuretics

Caution

Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

ENALAPRIL MALEATE with HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.

8477E NP	Tablet 20 mg-6 mg	30	5	..	27.60	28.69	^a	Enalapril/HCT Sandoz	SZ
							^a	Renitec Plus 20/6	MK

FOSINOPRIL SODIUM with HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.

8400D NP	Tablet 10 mg-12.5 mg	30	5	..	21.32	22.41	^a	APO-Fosinopril HCTZ 10/12.5	TX
							^a	Fosinopril/HCT Sandoz 10mg/12.5mg	SZ
							^a	Fosinopril/HCTZ-GA 10/12.5	GM
							^a	Hyforil	RA
							^a	Monoplus 10/12.5	BQ
8401E	Tablet 20 mg-12.5 mg	30	5	..	28.30	29.39	^a	APO-Fosinopril	TX

Cardiovascular system

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	
NP							HCTZ 20/12.5	
							^a Fosetic 20/12.5	ZP
							^a Fosinopril/HCT Sandoz 20mg/12.5mg	SZ
							^a Fosinopril/HCTZ-GA 20/12.5	GM
							^a Hyforil	RA
							^a Monoplus 20/12.5	BQ
PERINDOPRIL with INDAPAMIDE HEMIHYDRATE								
2190G NP	Tablet containing 2.5 mg perindopril arginine- 0.625 mg indapamide hemihydrate	30	5	..	16.13	17.22	Coversyl Plus LD 2.5mg/0.625mg	SE
PERINDOPRIL with INDAPAMIDE HEMIHYDRATE								
<u>Restricted benefit</u>								
Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.								
<u>Note</u>								
Pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate) and pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 5 mg perindopril arginine-1.25 mg indapamide hemihydrate) are equivalent for the purposes of substitution.								
2845R NP	Tablet containing 5 mg perindopril arginine- 1.25 mg indapamide hemihydrate	30	5	..	28.22	29.31	^a Coversyl Plus 5mg/1.25mg	SE
8449Q NP	Tablet containing 4 mg perindopril erbumine- 1.25 mg indapamide hemihydrate	30	5	..	28.22	29.31	^a Chem mart Perindopril/ Indapamide 4/1.25	CH
							^a GenRx Perindopril/ Indapamide 4/1.25	GX
							^a Idaprex Combi 4/1.25	SZ
							^a Indopril Combi 4/1.25	QA
							^a Perindo Combi 4/1.25	AF
							^a Perindopril/ Indapamide GH 4/1.25	GQ
							^a Terry White Chemists Perindopril/ Indapamide 4/1.25	TW
QUINAPRIL HYDROCHLORIDE with HYDROCHLOROTHIAZIDE								
<u>Restricted benefit</u>								
Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.								
8589C NP	Tablet 10 mg (base)-12.5 mg	30	5	..	16.37	17.46	Accuretic 10/12.5mg	PF
8590D NP	Tablet 20 mg (base)-12.5 mg	30	5	..	18.21	19.30	Accuretic 20/12.5mg	PF

ACE inhibitors and calcium channel blockers

Caution

Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

LERCANIDIPINE HYDROCHLORIDE with ENALAPRIL MALEATE

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.

9144G	Tablet 10 mg-10 mg	28	5	..	19.51	20.60	Zan-Extra 10/10	AB
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Cardiovascular system

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	
NP								
9145H	Tablet 10 mg-20 mg	28	5	..	21.38	22.47	Zan-Extra 10/20	AB
NP								

PERINDOPRIL with AMLODIPINE

Note

Treatment should not be initiated with this combination.

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination;

Stable coronary heart disease in a patient who is stabilised on treatment with perindopril and amlodipine at the same doses.

9346X	Tablet containing 5 mg perindopril arginine with 5 mg amlodipine (as besylate)	30	5	..	27.11	28.20	^a Coveram	SE
NP							^a Reaptan 5/5	RX
9347Y	Tablet containing 5 mg perindopril arginine with 10 mg amlodipine (as besylate)	30	5	..	34.45	35.40	^a Coveram	SE
NP							^a Reaptan 5/10	RX
9348B	Tablet containing 10 mg perindopril arginine with 5 mg amlodipine (as besylate)	30	5	..	32.94	34.03	^a Coveram	SE
NP							^a Reaptan 10/5	RX
9349C	Tablet containing 10 mg perindopril arginine with 10 mg amlodipine (as besylate)	30	5	..	40.26	35.40	^a Coveram	SE
NP							^a Reaptan 10/10	RX

RAMIPRIL with FELODIPINE

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.

2626F	Tablet 2.5 mg-2.5 mg (modified release)	30	5	..	16.10	17.19	Triasyn 2.5/2.5	SW
NP								
2629J	Tablet 5 mg-5 mg (modified release)	30	5	..	19.52	20.61	Triasyn 5.0/5.0	SW
NP								

TRANDOLAPRIL with VERAPAMIL HYDROCHLORIDE

Caution

The myocardial depressant effects of verapamil hydrochloride and of beta-blocking drugs are additive.

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.

2857J	Tablet 4 mg-240 mg (sustained release)	28	5	..	28.02	29.11	Tarka 4/240	AB
NP								
9387C	Tablet 2 mg-180 mg (sustained release)	28	5	..	19.81	20.90	Tarka 2/180	AB
NP								

Angiotensin II antagonists, plain

Angiotensin II antagonists, plain

CANDESARTAN CILEXETIL

8295N	Tablet 4 mg	30	5	..	9.10	10.19	Atacand	AP
NP								
8296P	Tablet 8 mg	30	5	^T 2.95	17.12	15.26	Atacand	AP
NP								
8297Q	Tablet 16 mg	30	5	^T 3.26	32.17	30.00	Atacand	AP
NP								
8889W	Tablet 32 mg	30	5	^T 2.87	39.56	35.40	Atacand	AP
NP								

CANDESARTAN CILEXETIL

Authority required

Adverse effects occurring with all of the base-priced drugs;

Drug interactions occurring with all of the base-priced drugs;

Cardiovascular system

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
	Drug interactions expected to occur with all of the base-priced drugs; Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.						
8997M NP	Tablet 8 mg	30	5	..	17.12	18.21	Atacand AP
8998N NP	Tablet 16 mg	30	5	..	32.17	33.26	Atacand AP
8999P NP	Tablet 32 mg	30	5	..	39.56	35.40	Atacand AP
	EPROSARTAN MESYLATE						
8397Y NP	Tablet 400 mg (base)	56	5	^T 3.48	*26.86	24.47	Teveten AB
8447N NP	Tablet 600 mg (base)	28	5	^T 2.00	29.63	28.72	Teveten AB
	EPROSARTAN MESYLATE <u>Authority required</u> Adverse effects occurring with all of the base-priced drugs; Drug interactions occurring with all of the base-priced drugs; Drug interactions expected to occur with all of the base-priced drugs; Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.						
5491B NP	Tablet 600 mg (base)	28	5	..	29.63	30.72	Teveten AB
8951D NP	Tablet 400 mg (base)	56	5	..	*26.86	27.95	Teveten AB
	IRBESARTAN						
8246B NP	Tablet 75 mg	30	5	..	14.46	15.55 ^a	Avapro BQ Karvea SW
8247C NP	Tablet 150 mg	30	5	..	17.90	18.99 ^a	Avapro BQ Karvea SW
8248D NP	Tablet 300 mg	30	5	..	29.36	30.45 ^a	Avapro BQ Karvea SW
	LOSARTAN						
5452Y NP	Tablet containing losartan potassium 25 mg	30	5	..	13.92	15.01	Cozavan AF
8203R NP	Tablet containing losartan potassium 50 mg	60	5	..	*27.84	28.93	Cozavan AF
	OLMESARTAN MEDOXOMIL						
2147B NP	Tablet 20 mg	30	5	^T 1.00	18.35	18.44	Olmotec MK
2148C NP	Tablet 40 mg	30	5	^T 1.00	30.62	30.71	Olmotec MK

OLMESARTAN MEDOXOMIL

Authority required

Adverse effects occurring with all of the base-priced drugs;

Drug interactions occurring with all of the base-priced drugs;

Drug interactions expected to occur with all of the base-priced drugs;

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.

Cardiovascular system

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	
5492C NP	Tablet 20 mg	30	5	..	18.35	19.44	Olmetec	MK
5493D NP	Tablet 40 mg	30	5	..	30.62	31.71	Olmetec	MK
TELMISARTAN								
8355R NP	Tablet 40 mg	28	5	T2.00	16.17	15.26	Micardis	BY
8356T NP	Tablet 80 mg	28	5	T1.99	30.90	30.00	Micardis	BY
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TELMISARTAN								
<u>Authority required</u>								
Adverse effects occurring with all of the base-priced drugs;								
Drug interactions occurring with all of the base-priced drugs;								
Drug interactions expected to occur with all of the base-priced drugs;								
Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.								
5494E NP	Tablet 40 mg	28	5	..	16.17	17.26	Micardis	BY
5495F NP	Tablet 80 mg	28	5	..	30.90	31.99	Micardis	BY
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VALSARTAN								
9368C NP	Tablet 40 mg	28	15.42	16.51	Diovan	NV
9369D NP	Tablet 80 mg	28	5	..	19.40	20.49	Diovan	NV
9370E NP	Tablet 160 mg	28	5	..	23.05	24.14	Diovan	NV
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VALSARTAN								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised for the 320 mg tablet.								
9371F NP	Tablet 320 mg	28	5	..	27.63	28.72	Diovan	NV
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Angiotensin II antagonists, combinations								
<i>Angiotensin II antagonists and diuretics</i>								
CANDESARTAN CILEXETIL with HYDROCHLOROTHIAZIDE								
<u>Restricted benefit</u>								
Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.								
8504N NP	Tablet 16 mg-12.5 mg	30	5	..	31.13	32.22	Atacand Plus 16/12.5	AP
9314F NP	Tablet 32 mg-12.5 mg	30	5	..	38.91	35.40	Atacand Plus 32/12.5	AP
9315G NP	Tablet 32 mg-25 mg	30	5	..	41.11	35.40	Atacand Plus 32/25	AP
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EPROSARTAN MESYLATE with HYDROCHLOROTHIAZIDE								
<u>Restricted benefit</u>								
Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.								
8624X NP	Tablet 600 mg (base)-12.5 mg	28	5	..	29.70	30.79	Teveten Plus 600/12.5	AB

Cardiovascular system

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
IRBESARTAN with HYDROCHLOROTHIAZIDE							
<u>Restricted benefit</u>							
Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.							
2136K NP	Tablet 300 mg-25 mg	30	5	..	33.81	34.90 ^a	Avapro HCT 300/25 BQ
						^a	Karvezide 300/25 SW
8404H NP	Tablet 150 mg-12.5 mg	30	5	..	20.12	21.21 ^a	Avapro HCT 150/12.5 BQ
						^a	Karvezide 150/12.5 SW
8405J NP	Tablet 300 mg-12.5 mg	30	5	..	31.58	32.67 ^a	Avapro HCT 300/12.5 BQ
						^a	Karvezide 300/12.5 SW
OLMESARTAN MEDOXOMIL with HYDROCHLOROTHIAZIDE							
<u>Restricted benefit</u>							
Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.							
2161R NP	Tablet 20 mg-12.5 mg	30	5	..	19.56	20.65	Olmotec Plus MK
2166B NP	Tablet 40 mg-12.5 mg	30	5	..	31.84	32.93	Olmotec Plus MK
2170F NP	Tablet 40 mg-25 mg	30	5	..	34.07	35.16	Olmotec Plus MK
TELMISARTAN with HYDROCHLOROTHIAZIDE							
<u>Restricted benefit</u>							
Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.							
8622T NP	Tablet 40 mg-12.5 mg	28	5	..	16.24	17.33	Micardis Plus 40/12.5 mg BY
8623W NP	Tablet 80 mg-12.5 mg	28	5	..	30.98	32.07	Micardis Plus 80/12.5 mg BY
9381R NP	Tablet 80 mg-25 mg	28	5	..	33.07	34.16	Micardis Plus 80/25 mg BY
VALSARTAN with HYDROCHLOROTHIAZIDE							
<u>Restricted benefit</u>							
Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.							
9372G NP	Tablet 80 mg-12.5 mg	28	5	..	21.47	22.56	Co-Diovan 80/12.5 NV
9373H NP	Tablet 160 mg-12.5 mg	28	5	..	25.12	26.21	Co-Diovan 160/12.5 NV
9374J NP	Tablet 160 mg-25 mg	28	5	..	27.20	28.29	Co-Diovan 160/25 NV
VALSARTAN with HYDROCHLOROTHIAZIDE							
<u>Restricted benefit</u>							
Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised for the tablets containing 320 mg valsartan.							
9481B NP	Tablet 320 mg-12.5 mg	28	5	..	29.70	30.79	Co-Diovan 320/12.5 NV
9482C NP	Tablet 320 mg-25 mg	28	5	..	31.78	32.87	Co-Diovan 320/25 NV

Angiotensin II antagonists and calcium channel blockers

AMLODIPINE with VALSARTAN

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.

5459H	Tablet 5 mg (as besylate)-320 mg	28	5	..	32.33	33.42	Exforge 5/320 NV
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Cardiovascular system

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	
<i>NP</i> 5460J	Tablet 10 mg (as besylate)-320 mg	28	5	..	35.87	35.40	Exforge 10/320	NV
<i>NP</i> 9375K	Tablet 5 mg (as besylate)-80 mg	28	5	..	24.11	25.20	Exforge 5/80	NV
<i>NP</i> 9376L	Tablet 5 mg (as besylate)-160 mg	28	5	..	27.75	28.84	Exforge 5/160	NV
<i>NP</i> 9377M	Tablet 10 mg (as besylate)-160 mg	28	5	..	31.29	32.38	Exforge 10/160	NV

OLMESARTAN with AMLODIPINE

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.

5292M	Tablet containing olmesartan medoxomil 20 mg with amlodipine 5 mg (as besylate)	30	5	..	22.38	23.47	Sevikar 20/5	MK
5293N	Tablet containing olmesartan medoxomil 40 mg with amlodipine 5 mg (as besylate)	30	5	..	34.65	35.40	Sevikar 40/5	MK
5294P	Tablet containing olmesartan medoxomil 40 mg with amlodipine 10 mg (as besylate)	30	5	..	38.45	35.40	Sevikar 40/10	MK

TELMISARTAN with AMLODIPINE

Restricted benefit

Hypertension in a patient who is not adequately controlled with either of the drugs in the combination.

8978M <i>NP</i>	Tablet 40 mg-5 mg (as besylate)	28	5	..	18.87	19.96	Twynsta	BY
8979N <i>NP</i>	Tablet 40 mg-10 mg (as besylate)	28	5	..	22.42	23.51	Twynsta	BY
8980P <i>NP</i>	Tablet 80 mg-5 mg (as besylate)	28	5	..	33.62	34.71	Twynsta	BY
8981Q <i>NP</i>	Tablet 80 mg-10 mg (as besylate)	28	5	..	37.16	35.40	Twynsta	BY

Angiotensin II antagonists, other combinations

AMLODIPINE with VALSARTAN and HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension in a patient who is not adequately controlled with any two of the drugs in the combination.

5285E <i>NP</i>	Tablet 5 mg (as besylate)-160 mg-12.5 mg	28	5	..	29.82	30.91	Exforge HCT 5/160/12.5	NV
5286F <i>NP</i>	Tablet 5 mg (as besylate)-160 mg-25 mg	28	5	..	31.90	32.99	Exforge HCT 5/160/25	NV
5287G <i>NP</i>	Tablet 10 mg (as besylate)-160 mg-12.5 mg	28	5	..	33.36	34.45	Exforge HCT 10/160/12.5	NV
5288H <i>NP</i>	Tablet 10 mg (as besylate)-160 mg-25 mg	28	5	..	35.45	35.40	Exforge HCT 10/160/25	NV
5289J <i>NP</i>	Tablet 10 mg (as besylate)-320 mg-25 mg	28	5	..	40.02	35.40	Exforge HCT 10/320/25	NV

Cardiovascular system

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

GENERAL STATEMENT FOR LIPID-LOWERING DRUGS PRESCRIBED AS PHARMACEUTICAL BENEFITS

Use the following criteria to determine patient eligibility for subsidisation under the PBS for the following drugs:

- atorvastatin calcium
- fluvastatin sodium
- pravastatin sodium
- rosuvastatin calcium
- simvastatin
- fenofibrate
- gemfibrozil

By writing a PBS prescription, the prescriber is certifying the patient satisfies the qualifying criteria set out below and the use is in accordance with the registered indications which differ between agents in this class - refer to the current Product Information for details. Note also that patients already established on a particular lipid-lowering drug, where use satisfies the PBS qualifying criteria, but is outside the registered indications for that drug, are not required to switch to another drug in the class to retain PBS eligibility.

Patients in very high risk categories (see below) may commence drug therapy with statins or fibrates immediately (ie simultaneously with an appropriate diet). For all other patients, dietary therapy should be trialled prior to initiation of drug therapy.

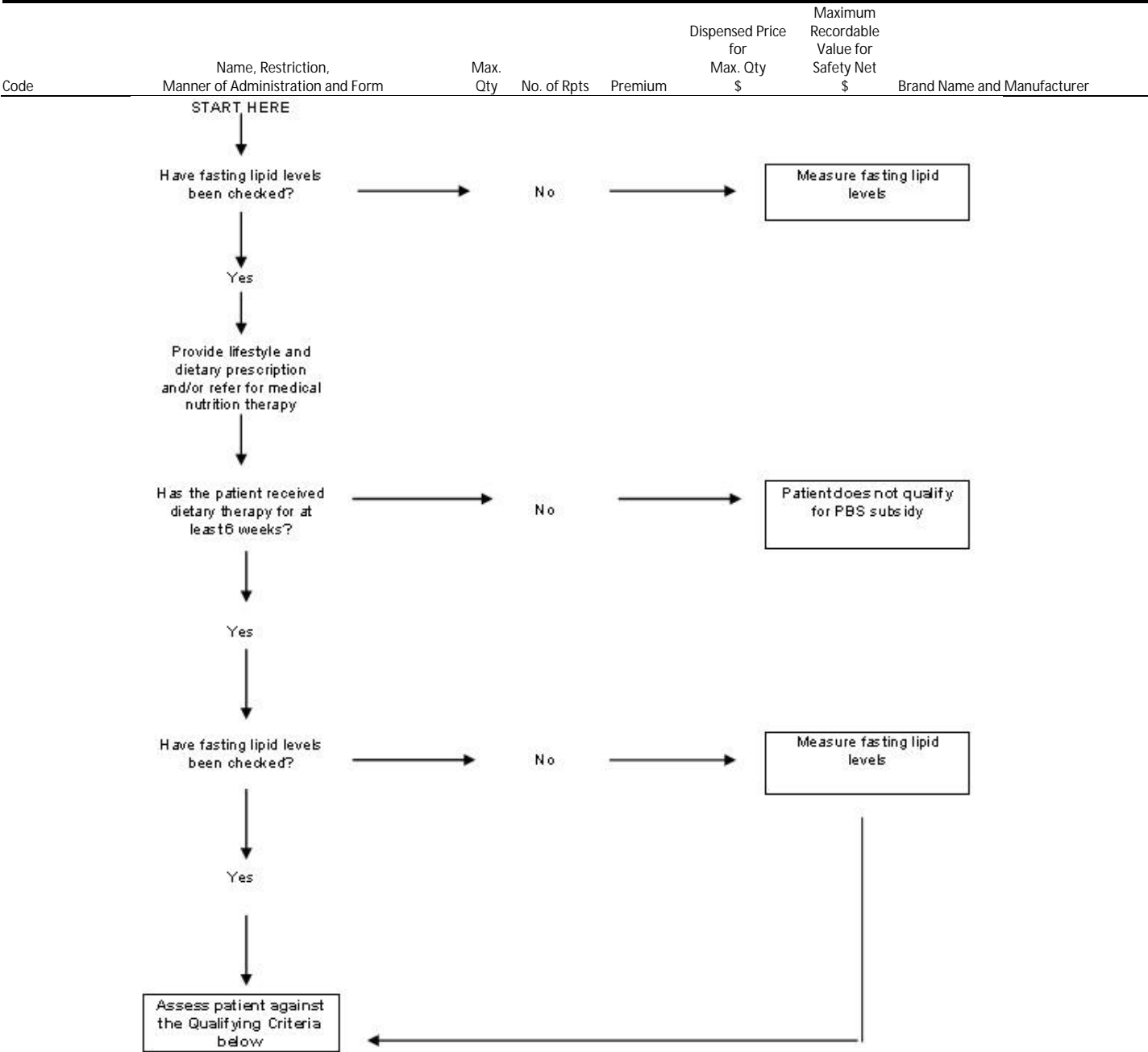
Dietary therapy should be continued concurrently with pharmacological therapy and should be reviewed on at least an annual basis.

Patients identified as being in one of the following very high risk categories may commence drug therapy with statins or fibrates at any cholesterol level:

- coronary heart disease which has become symptomatic
- cerebrovascular disease which has become symptomatic
- peripheral vascular disease which has become symptomatic
- diabetes mellitus with microalbuminuria (defined as urinary albumin excretion rate of >20mcg/min or urinary albumin to creatinine ratio of > 2.5 for males, > 3.5 for females)
- diabetes mellitus in Aboriginal or Torres Strait Islander patients
- diabetes mellitus in patients aged 60 years or more
- family history of coronary heart disease which has become symptomatic before the age of 55 years in two or more first degree relatives
- family history of coronary heart disease which has become symptomatic before the age of 45 years in one or more first degree relatives

If your patient is not identified as being in any of the above very high risk categories, then use the flow-chart and table below to determine whether your patient satisfies the following criteria for subsidisation under the PBS. Document how the patient meets each of these steps in the patient record. Lipid levels must be measured at an accredited laboratory.

Cardiovascular system



Cardiovascular system

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
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POST-DIETARY QUALIFYING CRITERIA

Dietary therapy should be continued concurrently with pharmacological therapy and should be reviewed on at least an annual basis.

PATIENT CATEGORY

LIPID LEVELS FOR PBS SUBSIDY

Patients with diabetes mellitus not otherwise included total cholesterol > 5.5 mmol/L

Aboriginal or Torres Strait Islander patients total cholesterol > 6.5 mmol/L
Patients with hypertension or
total cholesterol > 5.5 mmol/L and
HDL cholesterol < 1 mmol/L

Patients with HDL cholesterol < 1 mmol/L total cholesterol > 6.5 mmol/L

Patients with familial hypercholesterolaemia identified by:

- DNA mutation; or
- tendon xanthomas in the patient or their first or second degree relative

If aged 18 years or less at
treatment initiation:
LDL cholesterol > 4 mmol/L

If aged more than 18 years at
treatment initiation:
LDL cholesterol > 5 mmol/L
or
total cholesterol > 6.5 mmol/L
or
total cholesterol > 5.5 mmol/L and
HDL cholesterol < 1 mmol/L

Patients with:

- family history of coronary heart disease which has become symptomatic before the age of 60 years in one or more first degree relatives; or
- family history of coronary heart disease which has become symptomatic before the age of 50 years in one or more second degree relatives

Patients not eligible under the above:

total cholesterol > 7.5 mmol/L
or
triglyceride > 4 mmol/L

- men aged 35 to 75 years
- post-menopausal women aged up to 75 years

Patients not otherwise included total cholesterol > 9 mmol/L
or
triglyceride > 8 mmol/L

Lipid modifying agents

Lipid modifying agents, plain *HMG CoA reductase inhibitors*

ATORVASTATIN

Restricted benefit

For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.

8213G <i>NP</i>	Tablet 10 mg (as calcium)	30	5	..	37.13	35.40	^a	Atorvastatin Pfizer	FZ
							^a	Lipitor	PF
							^a	Trovas	RA
8214H <i>NP</i>	Tablet 20 mg (as calcium)	30	5	..	50.31	35.40	^a	Atorvastatin Pfizer	FZ
							^a	Lipitor	PF

Cardiovascular system

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	
8215J <i>NP</i>	Tablet 40 mg (as calcium)	30	5	..	67.44	35.40	^a Trovas	RA
							^a Atorvastatin Pfizer	FZ
							^a Lipitor	PF
8521L <i>NP</i>	Tablet 80 mg (as calcium)	30	5	..	93.64	35.40	^a Trovas	RA
							^a Atorvastatin Pfizer	FZ
							^a Lipitor	PF
							^a Trovas	RA

ATORVASTATIN

Restricted benefit

For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9230T	Tablet 10 mg (as calcium)	30	11	..	37.13	35.40	^a Atorvastatin Pfizer	FZ
							^a Lipitor	PF
							^a Trovas	RA
9231W	Tablet 20 mg (as calcium)	30	11	..	50.31	35.40	^a Atorvastatin Pfizer	FZ
							^a Lipitor	PF
							^a Trovas	RA
9232X	Tablet 40 mg (as calcium)	30	11	..	67.44	35.40	^a Atorvastatin Pfizer	FZ
							^a Lipitor	PF
							^a Trovas	RA
9233Y	Tablet 80 mg (as calcium)	30	11	..	93.64	35.40	^a Atorvastatin Pfizer	FZ
							^a Lipitor	PF
							^a Trovas	RA

FLUVASTATIN

Restricted benefit

For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.

2863Q <i>NP</i>	Tablet (prolonged release) 80 mg (as sodium)	28	5	..	45.42	35.40	Lescol XL	NV
8023G <i>NP</i>	Capsule 20 mg (as sodium)	28	5	..	25.46	26.55	^a Lescol	NV
				^B 3.09	28.55	26.55	^a Vastin	NM
8024H <i>NP</i>	Capsule 40 mg (as sodium)	28	5	..	29.77	30.86	^a Lescol	NV
				^B 3.36	33.13	30.86	^a Vastin	NM

FLUVASTATIN

Restricted benefit

For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9234B	Capsule 20 mg (as sodium)	28	11	..	25.46	26.55	^a Lescol	NV
				^B 3.09	28.55	26.55	^a Vastin	NM
9235C	Capsule 40 mg (as sodium)	28	11	..	29.77	30.86	^a Lescol	NV
				^B 3.36	33.13	30.86	^a Vastin	NM

Cardiovascular system

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
9236D	Tablet (prolonged release) 80 mg (as sodium)	28	11	..	45.42	35.40	Lescol XL NV

PRAVASTATIN

Restricted benefit

For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.

2833D <i>NP</i>	Tablet containing pravastatin sodium 10 mg	30	5	..	13.62	14.71	^a	APO-Pravastatin	TX
							^a	Chem mart Pravastatin	CH
							^a	Cholstat 10	AF
							^a	GenRx Pravastatin	GX
							^a	Lipostat 10	QA
							^a	Pharmacor Pravastat 10	CR
							^a	Pravastatin-GA 10	GM
							^a	Pravastatin generichealth	GQ
							^a	Pravastatin Sandoz	SZ
							^a	Pravastatin Winthrop	WA
							^a	Terry White Chemists Pravastatin	TW
				^B 1.97	15.59	14.71	^a	Pravachol	FM
2834E <i>NP</i>	Tablet containing pravastatin sodium 20 mg	30	5	..	17.87	18.96	^a	APO-Pravastatin	TX
							^a	Chem mart Pravastatin	CH
							^a	Cholstat 20	AF
							^a	Cholvastin	RA
							^a	GenRx Pravastatin	GX
							^a	Lipostat 20	QA
							^a	Pharmacor Pravastat 20	CR
							^a	Pravastatin-GA 20	GM
							^a	Pravastatin generichealth	GQ
							^a	Pravastatin Sandoz	SZ
							^a	Pravastatin Winthrop	WA
							^a	Terry White Chemists Pravastatin	TW
				^B 2.01	19.88	18.96	^a	Pravachol	FM
8197K <i>NP</i>	Tablet containing pravastatin sodium 40 mg	30	5	..	24.23	25.32	^a	APO-Pravastatin	TX
							^a	Chem mart Pravastatin	CH
							^a	Cholstat 40	AF
							^a	Cholvastin	RA
							^a	GenRx Pravastatin	GX
							^a	Lipostat 40	QA
							^a	Pharmacor Pravastat 40	CR
							^a	Pravastatin-GA 40	GM
							^a	Pravastatin generichealth	GQ
							^a	Pravastatin Sandoz	SZ
							^a	Pravastatin Winthrop	WA

Cardiovascular system

					Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$						
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium			Brand Name and Manufacturer					
8829Q <i>NP</i>	Tablet containing pravastatin sodium 80 mg	30	5	^B 2.42 ..	26.65 33.81	25.32 34.90	^a	Terry White Chemists Pravastatin	TW			
							^a	Pravachol	FM			
							^a	APO-Pravastatin	TX			
							^a	Chem mart Pravastatin	CH			
							^a	Lipostat 80	QA			
				^a						^a	Pravastatin-GA 80	GM
				^a						^a	Pravastatin generichealth	GQ
				^a						^a	Pravastatin Sandoz	SZ
				^a						^a	Terry White Chemists Pravastatin	TW
				^B 2.17	35.98	34.90	^a	Pravachol	FM			

PRAVASTATIN

Restricted benefit

For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9237E	Tablet containing pravastatin sodium 10 mg	30	11	..	13.62	14.71	^a APO-Pravastatin	TX
							^a Chem mart Pravastatin	CH
							^a Cholstat 10	AF
							^a GenRx Pravastatin	GX
							^a Lipostat 10	QA
							^a Pharmacor Pravastat 10	CR
							^a Pravastatin-GA 10	GM
							^a Pravastatin generichealth	GQ
							^a Pravastatin Sandoz	SZ
							^a Pravastatin Winthrop	WA
9238F	Tablet containing pravastatin sodium 20 mg	30	11	^B 1.97	15.59	14.71	^a Terry White Chemists Pravastatin	TW
							^a Pravachol	FM
							^a APO-Pravastatin	TX
							^a Chem mart Pravastatin	CH
							^a Cholstat 20	AF
				..	17.87	18.96	^a Cholvastin	RA
							^a GenRx Pravastatin	GX
							^a Lipostat 20	QA
							^a Pharmacor Pravastat 20	CR
							^a Pravastatin-GA 20	GM
							^a Pravastatin generichealth	GQ
							^a Pravastatin Sandoz	SZ
							^a Pravastatin Winthrop	WA
							^a Terry White	TW

Cardiovascular system

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
9239G	Tablet containing pravastatin sodium 40 mg	30	11	..	24.23	25.32	Chemists Pravastatin
							^a Pravachol FM
							^a APO-Pravastatin TX
							^a Chem mart CH
							Pravastatin
							^a Cholstat 40 AF
							^a Cholvastin RA
							^a GenRx Pravastatin GX
							^a Lipostat 40 QA
							^a Pharmacor CR
							Pravastat 40
							^a Pravastatin-GA 40 GM
							^a Pravastatin GQ
9240H	Tablet containing pravastatin sodium 80 mg	30	11	..	33.81	34.90	generichealth
							^a Pravastatin Sandoz SZ
							^a Pravastatin WA
							Winthrop
							^a Terry White TW
							Chemists
							Pravastatin
							^a Pravachol FM
							^a APO-Pravastatin TX
							^a Chem mart CH
							Pravastatin
							^a Lipostat 80 QA
							^a Pravastatin-GA 80 GM
							^a Pravastatin GQ
				..	35.98	34.90	generichealth
							^a Pravastatin Sandoz SZ
							^a Terry White TW
				..	35.98	34.90	Chemists
							Pravastatin
							^a Pravachol FM

ROSUVASTATIN

Restricted benefit

For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.

9042X <i>NP</i>	Tablet 5 mg (as calcium)	30	5	..	39.45	35.40	Crestor	AP
9043Y <i>NP</i>	Tablet 10 mg (as calcium)	30	5	..	53.06	35.40	Crestor	AP
9044B <i>NP</i>	Tablet 20 mg (as calcium)	30	5	..	72.42	35.40	Crestor	AP
9045C <i>NP</i>	Tablet 40 mg (as calcium)	30	5	..	100.56	35.40	Crestor	AP

ROSUVASTATIN

Restricted benefit

For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

3402C	Tablet 5 mg (as calcium)	30	11	..	39.45	35.40	Crestor	AP
3403D	Tablet 10 mg (as calcium)	30	11	..	53.06	35.40	Crestor	AP
3404E	Tablet 20 mg (as calcium)	30	11	..	72.42	35.40	Crestor	AP
3405F	Tablet 40 mg (as calcium)	30	11	..	100.56	35.40	Crestor	AP

Cardiovascular system

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
SIMVASTATIN							
<u>Restricted benefit</u>							
For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.							
2011W NP	Tablet 10 mg	30	5	..	14.27	15.36	^a APO-Simvastatin TX
							^a Auro-Simvastatin DO
							^a Chem mart CH
							^a Simvastatin GX
							^a GenRx Simvastatin MI
							^a Pharmacor Simvastatin 10
							^a Ransim RA
							^a Simvacor 10 CR
							^a Simvahexal SZ
							^a Simvar 10 QA
							^a Simvastatin-DP GM
							^a Simvastatin-GA 10 GN
							^a Simvastatin GQ
							^a generichealth FZ
							^a Simvastatin Pfizer ZP
							^a Simvastatin-Spirit 10 WA
							^a Simvastatin Winthrop TW
							^a Terry White Chemists Simvastatin
							^a Zimstat AF
							^a Lipex 10 FR
2012X NP	Tablet 20 mg	30	5	..	17.72	18.81	^a Zocor MK
							^a APO-Simvastatin TX
							^a Auro-Simvastatin DO
							^a Chem mart CH
							^a Simvastatin GX
							^a GenRx Simvastatin MI
							^a Pharmacor Simvastatin 20
							^a Ransim RA
							^a Simvacor 20 CR
							^a Simvahexal SZ
							^a Simvar 20 QA
							^a Simvastatin-DP GM
							^a Simvastatin-GA 20 GN
							^a Simvastatin GQ
							^a generichealth FZ
							^a Simvastatin Pfizer ZP
							^a Simvastatin-Spirit 20 WA
							^a Simvastatin Winthrop TW
							^a Terry White Chemists Simvastatin
							^a Zimstat AF
2013Y	Tablet 5 mg	30	5	..	12.10	13.19	^a Lipex 20 FR
							^a Zocor MK
							^a Simvahexal SZ

Cardiovascular system

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
NP							
8173E NP	Tablet 40 mg	30	5	B1.76 ..	13.86 22.68	13.19 23.77	a Zimstat AF
							a Zocor MK
							a APO-Simvastatin TX
							a Auro-Simvastatin 40 DO
							a Chem mart Simvastatin CH
							a GenRx Simvastatin GX
							a Pharmacor Simvastatin 40 MI
							a Ransim RA
							a Simvacor 40 CR
							a Simvahexal SZ
							a Simvar 40 QA
							a Simvastatin-DP GM
							a Simvastatin-GA 40 GN
							a Simvastatin generichealth GQ
							a Simvastatin Pfizer FZ
							a Simvastatin-Spirit 40 ZP
							a Simvastatin Winthrop WA
							a Terry White Chemists Simvastatin TW
							a Zimstat AF
8313M NP	Tablet 80 mg	30	5	B2.03 ..	24.71 29.79	23.77 30.88	a Lipex 40 FR
							a Zocor MK
							a APO-Simvastatin TX
							a Auro-Simvastatin 80 DO
							a Chem mart Simvastatin CH
							a GenRx Simvastatin GX
							a Pharmacor Simvastatin 80 MI
							a Ransim RA
							a Simvacor 80 CR
							a Simvar 80 QA
							a Simvastatin-DP GM
							a Simvastatin-GA 80 GN
							a Simvastatin generichealth GQ
							a Simvastatin Pfizer FZ
							a Simvastatin Sandoz SZ
							a Simvastatin-Spirit 80 ZP
							a Simvastatin Winthrop WA
							a Terry White Chemists Simvastatin TW
							a Zimstat AF
							a Lipex 80 FR
							a Zocor MK
				B1.84	31.63	30.88	

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
SIMVASTATIN							
<u>Restricted benefit</u>							
For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
9241J	Tablet 5 mg	30	11	..	12.10	13.19	^a Simvahexal SZ ^a Zimstat AF
				^B 1.76	13.86	13.19	^a Zocor MK
9242K	Tablet 10 mg	30	11	..	14.27	15.36	^a APO-Simvastatin TX ^a Auro-Simvastatin DO ^a 10 CH ^a Chem mart Simvastatin ^a GenRx Simvastatin GX ^a Pharmacor MI Simvastatin 10 ^a Ransim RA ^a Simvacor 10 CR ^a Simvahexal SZ ^a Simvar 10 QA ^a Simvastatin-DP GM ^a Simvastatin-GA 10 GN ^a Simvastatin GQ generichealth ^a Simvastatin Pfizer FZ ^a Simvastatin-Spirit ZP 10 ^a Simvastatin WA Winthrop ^a Terry White TW Chemists Simvastatin ^a Zimstat AF
				^B 1.76	16.03	15.36	^a Lipex 10 FR ^a Zocor MK
9243L	Tablet 20 mg	30	11	..	17.72	18.81	^a APO-Simvastatin TX ^a Auro-Simvastatin DO ^a 20 CH ^a Chem mart Simvastatin ^a GenRx Simvastatin GX ^a Pharmacor MI Simvastatin 20 ^a Ransim RA ^a Simvacor 20 CR ^a Simvahexal SZ ^a Simvar 20 QA ^a Simvastatin-DP GM ^a Simvastatin-GA 20 GN ^a Simvastatin GQ generichealth ^a Simvastatin Pfizer FZ ^a Simvastatin-Spirit ZP 20 ^a Simvastatin WA

Cardiovascular system

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
9244M	Tablet 40 mg	30	11	..	22.68	23.77	a Winthrop Terry White Chemists Simvastatin TW
							a Zimstat AF
							B ¹ 1.76 19.48 18.81 a Lipex 20 FR
							a Zocor MK
							a APO-Simvastatin TX
							a Auro-Simvastatin 40 DO
							a Chem mart Simvastatin CH
							a GenRx Simvastatin GX
							a Pharmacor Simvastatin 40 MI
							a Ransim RA
							a Simvacor 40 CR
							a Simvahexal SZ
							a Simvar 40 QA
							a Simvastatin-DP GM
							a Simvastatin-GA 40 GN
							a Simvastatin generichealth GQ
							a Simvastatin Pfizer FZ
							a Simvastatin-Spirit 40 ZP
							a Simvastatin Winthrop WA
							9245N	Tablet 80 mg	30	11	..	29.79	30.88	a Terry White Chemists Simvastatin TW
a Zimstat AF							
B ¹ 2.03 24.71 23.77 a Lipex 40 FR							
a Zocor MK							
a APO-Simvastatin TX							
a Auro-Simvastatin 80 DO							
a Chem mart Simvastatin CH							
a GenRx Simvastatin GX							
a Pharmacor Simvastatin 80 MI							
a Ransim RA							
a Simvacor 80 CR							
a Simvar 80 QA							
a Simvastatin-DP GM							
a Simvastatin-GA 80 GN							
a Simvastatin generichealth GQ							
a Simvastatin Pfizer FZ							
a Simvastatin Sandoz SZ							
a Simvastatin-Spirit 80 ZP							
a Simvastatin Winthrop WA							
							a Zimstat AF
							B ¹ 1.84 31.63 30.88 a Lipex 80 FR

Cardiovascular system

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 Zocor	MK

Fibrates

FENOFIBRATE

Note

The risk of serious muscle toxicity is increased if fenofibrate is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Restricted benefit

For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.

9022W NP	Tablet 48 mg	60	5	..	30.05	31.14	Lipidil	AB
9023X NP	Tablet 145 mg	30	5	..	41.75	35.40	Lipidil	AB

FENOFIBRATE

Note

The risk of serious muscle toxicity is increased if fenofibrate is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Restricted benefit

For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9246P	Tablet 48 mg	60	11	..	30.05	31.14	Lipidil	AB
9247Q	Tablet 145 mg	30	11	..	41.75	35.40	Lipidil	AB

GEMFIBROZIL

Note

The risk of serious muscle toxicity is increased if gemfibrozil is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Restricted benefit

For use in patients that meet the criteria set out in the General Statement for Lipid-Lowering Drugs.

1453L NP	Tablet 600 mg	60	5	..	22.04	23.13	^a Ausgem	QA
							^a Chem mart	CH
							Gemfibrozil	
							^a Gemhexal	SZ
							^a GenRx Gemfibrozil	GX
							^a Jezil	GN
							^a Lipazil 600 mg	GM
							^a Lipigem	AF
							^a Pharmacor	CR
							Gemfibrozil 600	
							^a Terry White	TW
							Chemists	
							Gemfibrozil	
				^B 1.98	24.02	23.13	^a Lopid	PF

Cardiovascular system

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
GEMFIBROZIL							
Note							
The risk of serious muscle toxicity is increased if gemfibrozil is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.							
Restricted benefit							
For use in patients who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.							
Note							
No applications for increased maximum quantities and/or repeats will be authorised.							
9248R	Tablet 600 mg	60	11	..	22.04	23.13	^a Ausgem QA ^a Chem mart CH Gemfibrozil ^a Gemhexal SZ ^a GenRx Gemfibrozil GX ^a Jezil GN ^a Lipazil 600 mg GM ^a Lipigem AF ^a Pharmacor CR Gemfibrozil 600 ^a Terry White TW Chemists Gemfibrozil ^a Lopid PF
				^B 1.98	24.02	23.13	

Bile acid sequestrants

2967E NP	CHOLESTYRAMINE Sachets 4.7 g (equivalent to 4 g cholestyramine), 50	2	5	..	*71.94	35.40	Questran Lite QA
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CHOLESTYRAMINE

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9249T	Sachets 4.7 g (equivalent to 4 g cholestyramine), 50	2	11	..	*71.94	35.40	Questran Lite QA
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COLESTIPOL HYDROCHLORIDE

1224K NP	Sachets 5 g, 120	‡1	5	..	85.04	35.40	Colestid PF
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COLESTIPOL HYDROCHLORIDE

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9250W	Sachets 5 g, 120	‡1	11	..	85.04	35.40	Colestid PF
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Cardiovascular system

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
Other lipid modifying agents							
	EZETIMIBE						
	Authority required (STREAMLINED)						
	Treatment, in conjunction with dietary therapy and exercise, for co-administration with an HMG CoA reductase inhibitor (statin) in patients whose cholesterol levels are inadequately controlled with a statin and who have:						
	3724						
	(a) coronary heart disease; or						
	3725						
	(b) diabetes mellitus; or						
	3726						
	(c) peripheral vascular disease; or						
	3727						
	(d) heterozygous familial hypercholesterolaemia; or						
	3728						
	(e) symptomatic cerebrovascular disease; or						
	3729						
	(f) family history of coronary heart disease; or						
	3730						
	(g) hypertension.						
	Inadequate control with a statin is defined as follows:						
	(1) where the patient falls into a category for which the General Statement for Lipid-Lowering Drugs includes an initial cholesterol threshold for PBS-subsidy (i.e. a patient not in a very high risk category), a cholesterol level in excess of that threshold after at least 3 months of treatment at a maximum tolerated dose of a statin, in conjunction with dietary therapy and exercise. The dose and duration of statin treatment and the cholesterol level which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated. The cholesterol level which shows inadequate control must be no more than 2 months old when ezetimibe is initiated; or						
	(2) where the patient falls into a category for which the General Statement for Lipid-Lowering Drugs allows PBS-subsidised treatment with a statin at any cholesterol level (i.e. a very high risk category patient), a cholesterol level in excess of 4 mmol per L after at least 3 months of treatment at a maximum tolerated dose of a statin, in conjunction with dietary therapy and exercise. The dose and duration of statin treatment and the cholesterol level which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated. The cholesterol level which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.						
	Authority required (STREAMLINED)						
	1989						
	Patients eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs) where treatment with an HMG CoA reductase inhibitor (statin) is contraindicated;						
	3731						
	Patients eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs) where treatment with an HMG CoA reductase inhibitor (statin) must be discontinued or reduced because the patient developed a clinically important product-related adverse event during treatment with a statin.						
	A clinically important product-related adverse event is defined as follows:						
	(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or						
	(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or						
	(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.						
	Authority required (STREAMLINED)						
	1991						
	Homozygous sitosterolaemia;						
	2438						
	Patients with homozygous familial hypercholesterolaemia who are eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs), in combination with an HMG CoA reductase inhibitor (statin).						
	Note						
	Continuing Therapy Only:						
	For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.						
8757X NP	Tablet 10 mg	30	5	..	70.97	35.40	Ezetrol MK

Cardiovascular system

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

Lipid modifying agents, combinations

HMG CoA reductase inhibitors in combination with other lipid modifying agents

EZETIMIBE with SIMVASTATIN

Authority required (STREAMLINED)

2431

Patients with homozygous familial hypercholesterolaemia who are eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs);

3739

Patients eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs) where treatment with an HMG CoA reductase inhibitor (statin) must be reduced because the patient developed a clinically important product-related adverse event during treatment with a statin.

A clinically important product-related adverse event is defined as follows:

- (i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or
- (ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or
- (iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9483D NP	Tablet 10 mg-10 mg	30	5	..	88.79	35.40	Vytorin	MK
9484E NP	Tablet 10 mg-20 mg	30	5	..	96.59	35.40	Vytorin	MK

EZETIMIBE with SIMVASTATIN

Authority required (STREAMLINED)

Treatment, in conjunction with dietary therapy and exercise, in patients whose cholesterol levels are inadequately controlled with an HMG CoA reductase inhibitor (statin) and who have:

3732

(a) coronary heart disease; or

3733

(b) diabetes mellitus; or

3734

(c) peripheral vascular disease; or

3735

(d) heterozygous familial hypercholesterolaemia; or

3736

(e) cerebrovascular disease which has become symptomatic; or

3737

(f) family history of coronary heart disease; or

3738

(g) hypertension;

Inadequate control with a statin is defined as follows:

- (1) where the patient falls into a category for which the General Statement for Lipid-Lowering Drugs includes an initial cholesterol threshold for PBS-subsidy (i.e. a patient not in a very high risk category), a cholesterol level in excess of that threshold after at least 3 months of treatment at a maximum tolerated dose of a statin, in conjunction with dietary therapy and exercise. The dose and duration of statin treatment and the cholesterol level which shows inadequate control must be documented in the patient's medical records when the ezetimibe component is initiated. The cholesterol level which shows inadequate control must be no more than 2 months old when the ezetimibe component is initiated; or
- (2) where the patient falls into a category for which the General Statement for Lipid-Lowering Drugs allows PBS-subsidised treatment with a statin at any cholesterol level (i.e. a very high risk category patient), a cholesterol level in excess of 4 mmol per L after at least 3 months of treatment at a maximum tolerated dose of a statin, in conjunction with dietary therapy and exercise. The dose and duration of statin treatment and the cholesterol level which shows inadequate control must be documented in the patient's medical records when the ezetimibe component is initiated. The cholesterol level which shows inadequate control must be no more than 2 months old when the ezetimibe component is initiated.

2431

Patients with homozygous familial hypercholesterolaemia who are eligible for PBS-subsidised lipid-lowering medication (according to the criteria set out in the General Statement for Lipid-Lowering Drugs).

Cardiovascular system

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	
Note								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8881K <i>NP</i>	Tablet 10 mg-40 mg	30	5	..	107.85	35.40	Vytorin	MK
8882L <i>NP</i>	Tablet 10 mg-80 mg	30	5	..	123.97	35.40	Vytorin	MK

HMG CoA reductase inhibitors, other combinations

AMLODIPINE BESYLATE with ATORVASTATIN CALCIUM

Restricted benefit

For use in patients who have hypertension and/or angina and who meet the criteria set out in the General Statement for Lipid-Lowering Drugs, and:
(a) who are currently receiving treatment with a dihydropyridine calcium channel blocker; OR

(b) whose blood pressure and/or angina is inadequately controlled with other classes of antihypertensive and/or anti-anginal agent, and in whom adjunctive therapy with a dihydropyridine calcium channel blocker would be appropriate; OR

(c) who are intolerant of the side effects of other classes of antihypertensive and/or anti-anginal agent, and in whom replacement therapy with a dihydropyridine calcium channel blocker would be appropriate.

9049G NP	Tablet 5 mg (base)-10 mg (base)	30	5	..	42.00	35.40	Caduet 5/10	PF
9050H NP	Tablet 5 mg (base)-20 mg (base)	30	5	..	54.69	35.40	Caduet 5/20	PF
9051J NP	Tablet 5 mg (base)-40 mg (base)	30	5	..	72.26	35.40	Caduet 5/40	PF
9052K NP	Tablet 5 mg (base)-80 mg (base)	30	5	..	98.46	35.40	Caduet 5/80	PF
9053L NP	Tablet 10 mg (base)-10 mg (base)	30	5	..	45.30	35.40	Caduet 10/10	PF
9054M NP	Tablet 10 mg (base)-20 mg (base)	30	5	..	58.20	35.40	Caduet 10/20	PF
9055N NP	Tablet 10 mg (base)-40 mg (base)	30	5	..	75.89	35.40	Caduet 10/40	PF
9056P NP	Tablet 10 mg (base)-80 mg (base)	30	5	..	102.09	35.40	Caduet 10/80	PF

Dermatologicals

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	
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Dermatologicals

Antifungals for dermatological use

Antifungals for topical use

Antibiotics

NYSTATIN

Authority required (STREAMLINED)

2354

Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.

1698J NP	Cream 100,000 units per g, 15 g	2	3	..	*18.56	19.65	Mycostatin	FM
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Imidazole and triazole derivatives

KETOCONAZOLE

Authority required (STREAMLINED)

2354

Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.

1574W NP	Shampoo 20 mg per g (2%), 60 mL	1	1	..	18.31	19.40	Nizoral 2%	JT
9024Y NP	Cream 20 mg per g (2%), 30 g	1	2	..	23.12	24.21	Nizoral 2% Cream	JT
9025B NP	Shampoo 10 mg per g (1%), 100 mL	1	1	..	17.60	18.69	Nizoral 1%	JT

MICONAZOLE

Authority required (STREAMLINED)

2354

Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.

9031H NP	Tincture 20 mg per mL (2%), 30 mL	1	2	..	19.47	20.56	Daktarin	JT
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MICONAZOLE NITRATE

Authority required (STREAMLINED)

2354

Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person.

9026C NP	Cream 20 mg per g (2%), 15 g	2	3	..	*15.90	16.99	Daktarin	JT
9027D NP	Cream 20 mg per g (2%), 30 g	1	2	..	14.79	15.88	Daktarin	JT
9028E NP	Cream 20 mg per g (2%), 70 g	1	1	..	16.79	17.88	Daktarin	JT
9029F NP	Powder 20 mg per g (2%), 30 g	1	2	..	15.56	16.65	Daktarin	JT
9030G NP	Lotion 20 mg per mL (2%), 30 g	1	2	..	16.72	17.81	Daktarin	JT

Other antifungals for topical use

TERBINAFINE

Authority required (STREAMLINED)

2354

Treatment of a fungal or a yeast infection in an Aboriginal or a Torres Strait Islander person;

3243

Treatment of a fungal or a yeast infection in a patient aged up to 18 years inclusive.

9160D NP	Cream containing terbinafine hydrochloride 10 mg per g (1%), 15 g	2	3	..	*37.36	35.40	Lamisil	NC
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Dermatologicals

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	
Antifungals for systemic use <i>Antifungals for systemic use</i>								
GRISEOFULVIN								
1460W NP	Tablet 125 mg	100	2	..	25.87	26.96	Grisovin	QA
2982Y NP	Tablet 500 mg	28	2	..	26.99	28.08	Grisovin 500	QA
TERBINAFINE								
<u>Authority required</u>								
Treatment of a dermatophyte infection in an Aboriginal or a Torres Strait Islander person where topical treatment has failed;								
Treatment of a dermatophyte infection in a patient aged up to 18 years inclusive where topical treatment and griseofulvin have failed.								
2285G NP	Tablet 250 mg (as hydrochloride)	42	..	..	69.20	35.40	^a GenRx Terbinafine	GX
							^a Lamisil (Novartis Pharmaceuticals Australia Pty Limited)	NV
							^a Sebifin 250	RA
							^a Tamsil	QA
							^a Terbihexal	SZ
							^a Terbinafine 250	CR
							^a Terbinafine-DRLA	RZ
							^a Terbinafine-GA	GM
							^a Terbix 250	MI
							^a Tinasil	AF
<hr/>								
TERBINAFINE								
<u>Authority required</u>								
Proximal or extensive (greater than 80% nail involvement) onychomycosis due to dermatophyte infection where topical treatment has failed. This infection must be proven by microscopy or culture and confirmed by an Approved Pathology Authority. The date of the pathology report must be provided at the time of application and must not be more than 12 months old.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
2804N NP	Tablet 250 mg (as hydrochloride)	42	1	..	69.20	35.40	^a GenRx Terbinafine	GX
							^a Lamisil (Novartis Pharmaceuticals Australia Pty Limited)	NV
							^a Sebifin 250	RA
							^a Tamsil	QA
							^a Terbihexal	SZ
							^a Terbinafine 250	CR
							^a Terbinafine-DRLA	RZ
							^a Terbinafine-GA	GM
							^a Terbix 250	MI
							^a Tinasil	AF

Dermatologicals

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	
Antipsoriatics								
Antipsoriatics for topical use								
Tars								
8864M NP	COAL TAR - PREPARED Gel 10 mg per g (1%), 100 mL	\$1	2	..	33.08	34.17	Exorex	GM
Other antipsoriatics for topical use								
CALCIPOTRIOL								
<u>Restricted benefit</u>								
Chronic stable plaque type psoriasis vulgaris.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2080L NP	Cream 50 micrograms per g (0.005%), 30 g	\$1	1	..	28.06	29.15	Daivonex	LO
CALCIPOTRIOL								
<u>Restricted benefit</u>								
Chronic stable plaque type psoriasis vulgaris of the scalp.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
9163G NP	Scalp solution 50 micrograms per mL (0.005%), 30 mL	\$1	1	..	28.06	29.15	Daivonex	LO
CALCIPOTRIOL with BETAMETHASONE DIPROPIONATE								
<u>Restricted benefit</u>								
Chronic stable plaque type psoriasis vulgaris in a patient who is not adequately controlled with either calcipotriol or potent topical corticosteroid monotherapy.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
9494Q NP	Ointment 50 micrograms-500 micrograms (base) per g (0.005%-0.05%), 30 g	\$1	1	..	41.89	35.40	Daivobet	LO
CALCIPOTRIOL with BETAMETHASONE DIPROPIONATE								
<u>Restricted benefit</u>								
Chronic stable plaque type psoriasis vulgaris of the scalp in a patient who is not adequately controlled with either calcipotriol or potent topical corticosteroid monotherapy.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
5276Q NP	Gel 50 micrograms-500 micrograms (base) per g (0.005%-0.05%), 30 g	\$1	1	..	41.89	35.40	Daivobet 50/500 gel	LO

Dermatologicals

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
Antipsoriatics for systemic use							
Retinoids for treatment of psoriasis							
ACITRETIN							
Caution							
This drug is a potent teratogen—pregnancy should be avoided for at least two years after cessation of therapy.							
Note							
Care must be taken to comply with the provisions of State/Territory law when prescribing acitretin.							
Authority required (STREAMLINED)							
1366							
Severe intractable psoriasis;							
1363							
Severe forms of disorders of keratinisation.							
2019G	Capsule 10 mg	100	2	..	205.77	35.40	Neotigason TA
2020H	Capsule 25 mg	100	2	..	393.21	35.40	Neotigason TA

Antibiotics and chemotherapeutics for dermatological use

Chemotherapeutics for topical use

Sulfonamides

SILVER SULFADIAZINE

Restricted benefit

Prevention and treatment of infection in partial or full skin thickness loss due to burns;

Prevention and treatment of infection in partial or full skin thickness loss due to epidermolysis bullosa;

Stasis ulcers.

9479X NP	Cream 10 mg per g (1%), 50 g	‡1	19.15	20.24	Flamazine	SN
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Corticosteroids, dermatological preparations

Corticosteroids, plain

Corticosteroids, weak (group I)

HYDROCORTISONE ACETATE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

2881P NP	Cream 10 mg per g (1%), 50 g	‡1	1	..	8.56	9.65	^a Cortic-DS 1%	FM
				^B 2.70	11.26	9.65	^a Sigmacort	QA
2882Q NP	Topical ointment 10 mg per g (1%), 50 g	‡1	1	..	8.56	9.65	^a Cortic-DS 1%	FM
				^B 2.70	11.26	9.65	^a Sigmacort	QA
2887Y NP	Cream 10 mg per g (1%), 30 g	‡1	1	..	8.89	9.98	^a Cortic-DS 1%	FM
				^B 2.69	11.58	9.98	^a Sigmacort	QA
2888B NP	Topical ointment 10 mg per g (1%), 30 g	‡1	1	..	8.89	9.98	^a Cortic-DS 1%	FM
				^B 2.69	11.58	9.98	^a Sigmacort	QA

Corticosteroids, moderately potent (group II)

TRIAMCINOLONE ACETONIDE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

2117K NP	Cream 200 micrograms per g (0.02%), 100 g	2	..	..	*14.40	15.49	^a Tricortone	FM
				^B 3.78	*18.18	15.49	^a Aristocort 0.02%	QA
2118L	Ointment 200 micrograms per g (0.02%), 100 g	2	..	..	*14.40	15.49	^a Tricortone	FM

Dermatologicals

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
<i>NP</i>				^B 3.78	*18.18	15.49 ^a	Aristocort 0.02% QA

Corticosteroids, potent (group III)

BETAMETHASONE DIPROPIONATE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1115Q <i>NP</i>	Cream 500 micrograms (base) per g (0.05%), 15 g	‡1	1	.. ^B 2.45	13.14 15.59	14.23 ^a 14.23 ^a	Eleuphrat Diprosone	FR MK
1119X <i>NP</i>	Ointment 500 micrograms (base) per g (0.05%), 15 g	‡1	1	.. ^B 2.45	13.14 15.59	14.23 ^a 14.23 ^a	Eleuphrat Diprosone	FR MK

BETAMETHASONE VALERATE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

2812B <i>NP</i>	Cream 200 micrograms (base) per g (0.02%), 100 g	2	..	.. ^B 2.46 ^B 6.88	*24.22 *26.68 *31.10	25.31 ^a 25.31 ^a 25.31 ^b	Antroquoril Cortival 1/5 Celestone-M	FR FM MK
2820K <i>NP</i>	Ointment 200 micrograms (base) per g (0.02%), 100 g	2	..	.. ^B 2.46	*24.22 *26.68	25.31 ^a 25.31 ^a	Antroquoril Celestone-M	FR MK

BETAMETHASONE VALERATE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2813C <i>NP</i>	Cream 500 micrograms (base) per g (0.05%), 15 g	‡1	1	.. ^B 2.94	8.41 11.35	9.50 ^b 9.50 ^b	Cortival 1/2 Betnovate 1/2	FM QA
2815E <i>NP</i>	Ointment 500 micrograms (base) per g (0.05%), 15 g	‡1	1	.. ^B 2.94	8.41 11.35	9.50 ^b 9.50 ^b	Cortival 1/2 Betnovate 1/2	FM QA

METHYLPREDNISOLONE ACEPONATE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8054X <i>NP</i>	Cream 1 mg per g (0.1%), 15 g	‡1	..	..	13.98	15.07	Advantan	CS
8055Y <i>NP</i>	Ointment 1 mg per g (0.1%), 15 g	‡1	..	..	13.98	15.07	Advantan	CS
8128T <i>NP</i>	Fatty ointment 1 mg per g (0.1%), 15 g	‡1	..	..	13.98	15.07	Advantan	CS

Dermatologicals

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	
METHYLPREDNISOLONE ACEPONATE								
<u>Restricted benefit</u>								
Eczema.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8618N NP	Lotion 1 mg per g (0.1%), 20 g	‡1	..	..	14.65	15.74	Advantan	CS
MOMETASONE FUROATE								
<u>Restricted benefit</u>								
Treatment of corticosteroid-responsive dermatoses.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1913Q NP	Cream 1 mg per g (0.1%), 15 g	‡1	..	..	13.92	15.01 ^a	Novasone	FR
				^B 2.45	16.37	15.01 ^a	Elocon	MK
1915T NP	Ointment 1 mg per g (0.1%), 15 g	‡1	..	..	13.92	15.01 ^a	Novasone	FR
				^B 2.45	16.37	15.01 ^a	Elocon	MK
8043H NP	Lotion 1 mg per g (0.1% w/w), 30 mL	‡1	..	..	18.23	19.32 ^a	Novasone	FR
				^B 2.45	20.68	19.32 ^a	Elocon	MK

Anti-acne preparations

Anti-acne preparations for topical use

Retinoids for topical use in acne

ADAPALENE with BENZOYL PEROXIDE

Restricted benefit

Acute treatment, in combination with an oral antibiotic, of severe acne vulgaris.

8954G	Gel 1 mg-25 mg per g (0.1%-2.5%), 30 g	‡1	1	..	36.92	35.40	Epiduo	GA
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ADAPALENE with BENZOYL PEROXIDE

Restricted benefit

Maintenance treatment of severe acne vulgaris.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8955H NP	Gel 1 mg-25 mg per g (0.1%-2.5%), 30 g	‡1	3	..	36.92	35.40	Epiduo	GA
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Anti-acne preparations for systemic use

Retinoids for treatment of acne

ISOTRETINOIN

Caution

This drug causes birth defects. Isotretinoin has been reported to cause other frequent and potentially serious toxicity.

Note

Care must be taken to comply with the provisions of State/Territory law when prescribing isotretinoin.

Dermatologicals

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	
<u>Authority required (STREAMLINED)</u>								
1354								
Severe cystic acne not responsive to other therapy.								
2549E	Capsule 40 mg	30	3	..	91.02	35.40	Oratane	GM
2591J	Capsule 10 mg	60	3	..	66.56	35.40	^a APO-Isotretinoin	TX
							^a Oratane	GM
							^a Roaccutane	RO
							^a Rocta 10	QA
2592K	Capsule 20 mg	60	3	..	100.15	35.40	^a APO-Isotretinoin	TX
							^a GenRx Isotretinoin	GX
							^a Oratane	GM
							^a Rocta 20	QA
				^B 1.63	101.78	35.40	^a Roaccutane	RO

Other dermatological preparations

Other dermatological preparations

Agents for dermatitis, excluding corticosteroids

PIMECROLIMUS

Authority required

Treatment of facial or eyelid atopic dermatitis in patients aged at least 3 months with 1 or more of the following contraindications to topical corticosteroids:

- (i) perioral dermatitis;
- (ii) periorbital dermatitis;
- (iii) rosacea;
- (iv) epidermal atrophy;
- (v) dermal atrophy;
- (vi) allergy to topical corticosteroids;
- (vii) cataracts;
- (viii) glaucoma;
- (ix) raised intraocular pressure.

Authority required

Short-term (up to 3 weeks) intermittent treatment of atopic dermatitis of the face or eyelids in patients aged at least 3 months who fail to achieve satisfactory disease control with intermittent topical corticosteroid therapy, and where more than 3 months have passed since the initial diagnosis of atopic dermatitis.

Failure to achieve satisfactory disease control with intermittent topical corticosteroid therapy is manifest by:

- (i) failure of the facial skin to clear despite at least 2 weeks of topical hydrocortisone 1% applied every day; or
- (ii) failure of the facial skin to clear despite at least 1 week of a moderate or potent topical corticosteroid applied every day; or
- (iii) clearing of the facial skin with at least 2 weeks of topical hydrocortisone 1% applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions; or
- (iv) clearing of the facial skin with at least 1 week of a moderate or potent topical corticosteroid applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions.

Note

No applications for increased maximum quantities and/or repeats will be authorised. Only 1 authority application per 6 months, per patient, will be authorised.

8802G	Cream 10 mg per g (1%), 15 g	£1	1	..	33.79	34.88	Elidel	NV
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Other dermatologicals

DAPSONE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1272Y NP	Tablet 100 mg	100	1	..	113.84	35.40	Link Medical Products Pty Ltd	LM
8801F NP	Tablet 25 mg	100	1	..	100.58	35.40	Link Medical Products Pty Ltd	LM

Dermatologicals

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
					\$	\$	
IMIQUIMOD							
<u>Authority required</u>							
Treatment of biopsy confirmed primary (previously untreated) superficial basal cell carcinoma (sBCC) in patients with normal immune function for whom surgical excision, cryotherapy, or curettage with diathermy are inappropriate and topical drug therapy is required.							
The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.							
<u>Note</u>							
The patient or carer must be able to understand and administer the imiquimod dosing regimen.							
No applications for increased maximum quantities and/or repeats will be authorised.							
Treatment of recurrent (previously treated) lesions will not be authorised.							
2546B	Cream 50 mg per g (5%), 250 mg single use sachets, 12	1	1	..	159.95	35.40	Aldara IA

Genito urinary system and sex hormones

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
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Genito urinary system and sex hormones

Other gynecologicals

Contraceptives for topical use

Intrauterine contraceptives

LEVONORGESTREL

Restricted benefit

Contraception;

Idiopathic menorrhagia where oral treatments are ineffective;

Idiopathic menorrhagia where oral treatments are contraindicated.

8633J NP	Intrauterine drug delivery system 52 mg (releasing approximately 20 micrograms per 24 hours)	1	246.41	35.40	Mirena	BN
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Other gynecologicals

Prolactine inhibitors

BROMOCRIPTINE MESYLATE

Restricted benefit

Prevention of the onset of lactation in the puerperium for medical reasons.

1444B	Tablet 2.5 mg (base)	30	..	..	18.92	20.01	^a Kripton 2.5	AF
NP							^a Parlodel	NV

BROMOCRIPTINE MESYLATE

Restricted benefit

Acromegaly;

Parkinson's disease;

Pathological hyperprolactinaemia where surgery is not indicated;

Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;

Pathological hyperprolactinaemia where radiotherapy is not indicated;

Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.

Note

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

1443Y	Tablet 2.5 mg (base)	60	5	..	31.42	32.51	^a Kripton 2.5	AF
				..	*31.42	32.51	^a Parlodel	NV
1445C	Capsule 10 mg (base)	100	5	..	148.46	35.40	Kripton 10	AF
1446D	Capsule 5 mg (base)	60	5	..	48.28	35.40	Kripton 5	AF

CABERGOLINE

Restricted benefit

Prevention of the onset of lactation in the puerperium for medical reasons.

8115D NP	Tablet 500 micrograms	2	..	..	23.72	24.81	^a Dostan	GM
							^a Dostinex	PF

CABERGOLINE

Authority required (STREAMLINED)

2659

Pathological hyperprolactinaemia where surgery is not indicated;

Genito urinary system and sex hormones

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
	2660 Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;							
	2661 Pathological hyperprolactinaemia where radiotherapy is not indicated;							
	2662 Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.							
8114C	Tablet 500 micrograms	8	5	..	65.07	35.40	^a	Dostan Dostinex Tinexa GM PF QA
QUINAGOLIDE HYDROCHLORIDE Authority required (STREAMLINED)								
	2659 Pathological hyperprolactinaemia where surgery is not indicated;							
	2660 Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;							
	2661 Pathological hyperprolactinaemia where radiotherapy is not indicated;							
	2662 Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.							
8822H	Tablet 75 micrograms (base)	30	5	..	54.79	35.40		Norprolac FP
8860H	Pack containing 3 tablets 25 micrograms (base) and 3 tablets 50 micrograms (base)	±1	..	..	11.47	12.56		Norprolac FP

Sex hormones and modulators of the genital system

Hormonal contraceptives for systemic use

Progestogens and estrogens, fixed combinations

LEVONORGESTREL with ETHINYLOESTRADIOL								
1394J NP	Pack containing 21 tablets 150 micrograms- 30 micrograms and 7 inert tablets	4	2	..	16.99	18.08	^b	Monofeme 28 FZ
				^B 13.55	30.54	18.08	^a	Levlen ED SY
				^B 13.59	30.58	18.08	^a	Nordette 28 PF
								Microgynon 30 ED BN
1456P NP	Pack containing 21 tablets 125 micrograms- 50 micrograms and 7 inert tablets	4	2	..	16.99	18.08		Microgynon 50 ED BN
NORETHISTERONE with ETHINYLOESTRADIOL								
2774B NP	Pack containing 21 tablets 500 micrograms- 35 micrograms and 7 inert tablets	4	2	..	*16.46	17.55	^a	Norimin 28 Day FZ
				^B 7.68	*24.14	17.55	^a	Brevinor PF
2775C NP	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	..	*16.46	17.55	^a	Norimin-1 28 Day FZ
				^B 7.68	*24.14	17.55	^a	Brevinor-1 PF
NORETHISTERONE with MESTRANOL								
3179H NP	Pack containing 21 tablets 1 mg-50 micrograms and 7 inert tablets	4	2	..	*16.46	17.55		Norinyl-1/28 PF

Progestogens and estrogens, sequential preparations

LEVONORGESTREL with ETHINYLOESTRADIOL								
1392G NP	Pack containing 6 tablets 50 micrograms- 30 micrograms, 5 tablets 75 micrograms- 40 micrograms, 10 tablets 125 micrograms- 30 micrograms and 7 inert tablets	4	2	..	16.99	18.08	^b	Trifeme 28 FZ
							^a	Logynon ED SY

Genito urinary system and sex hormones

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	
				^B 13.55	30.54	18.08	^B Triphasil 28	PF
				^B 13.59	30.58	18.08	^a Triquilar ED	BN
NORETHISTERONE with ETHINYLOESTRADIOL								
2776D <i>NP</i>	Pack containing 12 tablets 500 micrograms- 35 micrograms, 9 tablets 1 mg-35 micrograms and 7 inert tablets	4	2	..	*16.46	17.55	Improvil 28 Day	FZ
Progestogens								
ETONOGESTREL								
8487Q <i>NP</i>	Subcutaneous implant 68 mg	1	..	..	215.92	35.40	Implanon NXT	MK
LEVONORGESTREL								
2913H <i>NP, MW</i>	Tablets 30 micrograms, 28	4	2	..	17.32	18.41	Microlut 28	BN
MEDROXYPROGESTERONE ACETATE								
3118D <i>NP</i>	Injection 150 mg in 1 mL	1	1	..	21.29	22.38	^a Depo-Ralovera	FZ
				^B 3.20	24.49	22.38	^a Depo-Provera	PF
NORETHISTERONE								
1967M <i>NP</i>	Tablets 350 micrograms, 28	4	2	..	*16.46	17.55	^a Locilan 28 Day	FZ
				^B 3.88	*20.34	17.55	^a Micronor	JC
							^a Noriday 28 Day	PF

Androgens

3-oxoandrosten (4) derivatives

TESTOSTERONE

Authority required

Androgen deficiency in males with established pituitary or testicular disorders;

Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men);

Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.

8098F	Subcutaneous implant 100 mg	6	..	..	*209.58	35.40	Merck Sharp & Dohme (Australia) Pty Ltd	MK
8099G	Subcutaneous implant 200 mg	3	..	..	*209.55	35.40	Merck Sharp & Dohme (Australia) Pty Ltd	MK
8460G	Transdermal patches 12.2 mg (releasing approximately 2.5 mg per 24 hours), 60	†1	5	..	95.84	35.40	Androderm	HH
8619P	Transdermal patches 24.3 mg (releasing approximately 5 mg per 24 hours), 30	†1	5	..	95.84	35.40	Androderm	HH
8830R	Transdermal gel 50 mg in 5 g sachet, 30	†1	5	..	95.12	35.40	Testogel	BN

TESTOSTERONE ENANTHATE

Authority required

Androgen deficiency in males with established pituitary or testicular disorders;

Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men);

Genito urinary system and sex hormones

					Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium			Brand Name and Manufacturer	
Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.								
2114G	Injection 250 mg in 1 mL	3	3	..	33.48	34.57	Primoteston Depot	BN

TESTOSTERONE UNDECANOATE

Authority required

Androgen deficiency in males with established pituitary or testicular disorders;

Androgen deficiency in males 40 years and older who do not have established pituitary or testicular disorders other than aging, confirmed by at least 2 morning blood samples taken on different mornings. Androgen deficiency is confirmed by testosterone less than 8 nmol per L, or 8-15 nmol per L with high LH (greater than 1.5 times the upper limit of the eugonadal reference range for young men);

Micropenis, pubertal induction, or constitutional delay of growth or puberty, in males under 18 years of age.

2115H	Capsule 40 mg	60	5	..	37.53	35.40	Andriol Testocaps	MK
9004X	I.M. injection 1,000 mg in 4 mL	1	1	..	147.41	35.40	Reandron 1000	BN

Estrogens

Natural and semisynthetic estrogens, plain

OESTRADIOL

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Oestradiol should be used in conjunction with an oral progestogen in women with an intact uterus.

1743R NP	Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8	\$1	5	..	17.09	18.18	Estraderm 25	NV
8125P NP	Transdermal patches 3.8 mg (releasing approximately 50 micrograms per 24 hours), 4	\$1	5	..	17.09	18.18	Climara 50	BN
8126Q NP	Transdermal patches 7.6 mg (releasing approximately 100 micrograms per 24 hours), 4	\$1	5	..	19.13	20.22	Climara 100	BN
8140K NP	Transdermal patches 1.5 mg (releasing approximately 50 micrograms per 24 hours), 8	\$1	5	..	17.09	18.18	Estraderm MX 50	NV
8286D NP	Transdermal gel 1 mg in 1 g sachet, 28	\$1	5	..	17.09	18.18	Sandrena	AS
8311K NP	Transdermal patches 750 micrograms (releasing approximately 25 micrograms per 24 hours), 8	\$1	5	..	17.09	18.18	Estraderm MX 25	NV
8312L NP	Transdermal patches 3 mg (releasing approximately 100 micrograms per 24 hours), 8	\$1	5	..	19.13	20.22	Estraderm MX 100	NV
8485N NP	Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 4	\$1	5	..	17.09	18.18	Climara 25	BN
8486P NP	Transdermal patches 5.7 mg (releasing approximately 75 micrograms per 24 hours), 4	\$1	5	..	19.13	20.22	Climara 75	BN
8761D NP	Transdermal patches 390 micrograms (releasing approximately 25 micrograms per 24 hours), 8	\$1	5	..	17.09	18.18	Estradot 25	NV
8762E NP	Transdermal patches 585 micrograms (releasing approximately 37.5 micrograms per 24 hours), 8	\$1	5	..	17.09	18.18	Estradot 37.5	NV
8763F NP	Transdermal patches 780 micrograms (releasing approximately 50 micrograms per 24 hours), 8	\$1	5	..	17.09	18.18	Estradot 50	NV
8764G NP	Transdermal patches 1.17 mg (releasing approximately 75 micrograms per 24 hours), 8	\$1	5	..	19.13	20.22	Estradot 75	NV
8765H NP	Transdermal patches 1.56 mg (releasing approximately 100 micrograms per 24 hours), 8	\$1	5	..	19.13	20.22	Estradot 100	NV

OESTRADIOL

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Genito urinary system and sex hormones

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	
1742Q NP	Vaginal tablets 25 micrograms, 15	1	2	..	23.24	24.33	Vagifem	NO
8274L NP	Tablet 2 mg	56	2	..	13.55	14.64	Zumenon	AB

OESTRADIOL VALERATE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1663M NP	Tablet 1 mg	56	2	..	11.68	12.77	Progynova	BN
1664N NP	Tablet 2 mg	56	2	..	13.90	14.99	Progynova	BN

OESTRIOL

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1771F NP	Pessaries 500 micrograms, 15	1	2	..	21.26	22.35	Ovestin Ovula	MK
1781R NP	Vaginal cream 1 mg per g (0.1%), 15 g	1	1	..	19.09	20.18	Ovestin	MK

Progestogens

Pregnen (4) derivatives

MEDROXYPROGESTERONE ACETATE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2321E NP	Tablet 10 mg	30	2	..	15.30	16.39	^a Medroxyprogesterone Sandoz	SZ
						^a Ralovera	FZ	
				^B 1.64	16.94	16.39	^a Provera	PF
2323G NP	Tablet 5 mg	56	2	..	14.69	15.78	^a Ralovera	FZ
				^B 1.64	16.33	15.78	^a Provera	PF

MEDROXYPROGESTERONE ACETATE

Restricted benefit

Endometriosis.

2722G	Tablet 10 mg	100	2	..	30.70	31.79	^a Ralovera	FZ
				^B 1.53	32.23	31.79	^a Provera	PF

Estren derivatives

NORETHISTERONE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2993M NP	Tablet 5 mg	30	2	..	31.96	33.05	Primolut N	BN
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Genito urinary system and sex hormones

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
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Progestogens and estrogens in combination

Progestogens and estrogens, combinations

OESTRADIOL with NORETHISTERONE ACETATE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8427M NP	Transdermal patches 620 micrograms-2.7 mg (releasing approximately 50 micrograms- 140 micrograms per 24 hours), 8	£1	5	..	19.13	20.22	Estalis continuous 50/140	NV
8428N NP	Transdermal patches 510 micrograms-4.8 mg (releasing approximately 50 micrograms- 250 micrograms per 24 hours), 8	£1	5	..	19.13	20.22	Estalis continuous 50/250	NV

Progestogens and estrogens, sequential preparations

OESTRADIOL and OESTRADIOL with DYDROGESTERONE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8244X NP	Pack containing 14 tablets oestradiol 2 mg and 14 tablets oestradiol 2 mg with dydrogesterone 10 mg	£1	5	..	18.76	19.85	Femoston 2/10	AB
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OESTRADIOL and OESTRADIOL with NORETHISTERONE ACETATE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8425K NP	Pack containing 4 transdermal patches oestradiol 780 micrograms (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 620 micrograms- 2.7 mg (releasing approximately 50 micrograms-140 micrograms per 24 hours)	£1	5	..	19.13	20.22	Estalis sequi 50/140	NV
8426L NP	Pack containing 4 transdermal patches oestradiol 780 micrograms (releasing approximately 50 micrograms per 24 hours) and 4 transdermal patches oestradiol with norethisterone acetate 510 micrograms- 4.8 mg (releasing approximately 50 micrograms-250 micrograms per 24 hours)	£1	5	..	19.13	20.22	Estalis sequi 50/250	NV

Gonadotropins and other ovulation stimulants

Gonadotropins

FOLLITROPIN ALFA

Restricted benefit

Anovulatory infertility.

Note

Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.

Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Genito urinary system and sex hormones

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
					\$	\$	
<u>Restricted benefit</u> For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG must be given.							
8713N	Injection 300 i.u. in 0.5 mL multi-dose cartridge	3	5	..	*563.43	35.40	Gonal-f Pen SG
8714P	Injection 450 i.u. in 0.75 mL multi-dose cartridge	3	5	..	*841.92	35.40	Gonal-f Pen SG
8715Q	Injection 900 i.u. in 1.5 mL multi-dose cartridge	2	5	..	*1115.24	35.40	Gonal-f Pen SG

FOLLITROPIN BETA

Restricted benefit

Anovulatory infertility.

Note

Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.

Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

For the treatment of infertility in males due to hypogonadotrophic hypogonadism, following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis. Combined treatment with HCG must be given.

8565T	Solution for injection 300 i.u. in 0.36 mL multi-dose cartridge	3	5	..	*563.43	35.40	Puregon 300 IU/0.36 mL	MK
8566W	Solution for injection 600 i.u. in 0.72 mL multi-dose cartridge	2	5	..	*749.08	35.40	Puregon 600 IU/0.72 mL	MK
8871X	Solution for injection 900 i.u. in 1.08 mL multi-dose cartridge	2	5	..	*1115.22	35.40	Puregon 900 IU/1.08 mL	MK

HUMAN CHORIONIC GONADOTROPHIN

Restricted benefit

Anovulatory infertility.

Note

Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomiphene citrate and/or gonadorelin and failed to have conceived.

Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

For the treatment of infertility in males due to hypogonadotrophic hypogonadism;

For the treatment of infertility in males associated with isolated luteinising hormone deficiency;

For the treatment of males who have combined deficiency of human growth hormone and gonadotrophins and in whom the absence of secondary sexual characteristics indicates a lag in maturation.

Restricted benefit

For the treatment of boys over the age of 16 years who show clinical evidence of hypogonadism or delayed puberty. Treatment must not extend beyond 6 months.

1581F	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	5	..	53.47	35.40	Pregnyl	MK
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Ovulation stimulants, synthetic

CLOMIPHENE CITRATE

Note

Care must be taken to comply with the provisions of State/Territory law when prescribing clomiphene citrate.

Genito urinary system and sex hormones

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
	<u>Restricted benefit</u> Anovulatory infertility; Patients undergoing in-vitro fertilisation.						
1211R	Tablet 50 mg	10	5	..	34.51	35.40 ^a	Clomid Serophene SW SG

Antiandrogens

Antiandrogens, plain preparations

CYPROTERONE ACETATE

Authority required (STREAMLINED)

1230

Moderate to severe androgenisation in non-pregnant women (acne alone is not a sufficient indication of androgenisation).

Caution

This drug should not be used during pregnancy as it may result in feminisation of the male foetus.

1269T	Tablet 50 mg	20	5	..	50.65	35.40 ^a	Cyprohexal Cyprone Cyprostat GenRx Cyproterone Acetate Procur Androcur SZ AF SY GX GM BN
				^B 2.97	53.62	35.40 ^a	

CYPROTERONE ACETATE

Authority required (STREAMLINED)

1014

Advanced carcinoma of the prostate;

1404

To reduce drive in sexual deviations in males.

1270W	Tablet 50 mg	100	5	..	*197.98	35.40 ^a	Cyprohexal Cyprone Cyprostat GenRx Cyproterone Acetate Procur Androcur SZ AF SY GX GM BN
				^B 3.12	*201.10	35.40 ^a	
8019C	Tablet 100 mg	50	5	..	161.60	35.40 ^a	Cyprohexal Cyprostat-100 GenRx Cyproterone Acetate Procur 100 Androcur-100 SZ SY GX GM BN
				^B 1.56	163.16	35.40 ^a	

Other sex hormones and modulators of the genital system

Antigonadotropins and similar agents

DANAZOL

Caution

Pregnancy must be excluded prior to administration of this drug.

Authority required (STREAMLINED)

1090

Endometriosis, visually proven;

1151

Hereditary angio-oedema;

Genito urinary system and sex hormones

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	
2639								
Short-term treatment (up to 6 months) of intractable primary menorrhagia (Treatment of this indication is limited to 6 months. See Australian Product Information);								
2640								
Short-term treatment (up to 6 months) of severe benign (fibrocystic) breast disease or mastalgia associated with severe symptomatic benign breast disease in patients refractory to other treatments (Treatment of this indication is limited to 6 months. See Australian Product Information).								
1285P	Capsule 100 mg	100	5	..	58.58	35.40	Azol 100	AF
1287R	Capsule 200 mg	100	5	..	86.97	35.40	Azol 200	AF
GESTRINONE								
<u>Authority required (STREAMLINED)</u>								
3652								
Short-term treatment (up to 6 months) of visually proven endometriosis (only 1 course of not more than 6 months' therapy may be prescribed).								
8015W	Capsule 2.5 mg	8	5	..	81.81	35.40	Dimetriose	SW

Selective estrogen receptor modulators

RALOXIFENE HYDROCHLORIDE

Authority required (STREAMLINED)

2647

Treatment as the sole PBS-subsidised anti-resorptive agent for established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note

Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.

8363E NP	Tablet 60 mg	28	5	..	57.87	35.40	Evista	LY
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Urologicals

Other urologicals, incl. antispasmodics

Urinary antispasmodics

OXYBUTYNIN

Restricted benefit

Detrusor overactivity in a patient who cannot tolerate oral oxybutynin, or who cannot swallow oral oxybutynin.

9454N NP	Transdermal patches 36 mg (releasing approximately 3.9 mg per 24 hours), 8	1	5	..	35.23	35.40	Oxytrol	HH
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OXYBUTYNIN HYDROCHLORIDE

Restricted benefit

Detrusor overactivity.

8039D NP	Tablet 5 mg	100	5	..	15.40	16.49	^a Ditropan	SW
						^a	Oxybutynin Sandoz	SZ
						^a	Oxybutynin Winthrop	WA

PROPANTHELINE BROMIDE

Restricted benefit

Detrusor overactivity.

1953T NP	Tablet 15 mg	200	5	..	*26.46	27.55	Pro-Banthine	QA
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Genito urinary system and sex hormones

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	
<i>Other urologicals</i>								
PHENOXYBENZAMINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
Phaeochromocytoma;								
Neurogenic urinary retention.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1166J NP	Capsules 10 mg, 30	3	5	..	*204.90	35.40	Dibenyline	GH
1862B NP	Capsule 10 mg	100	5	..	67.36	35.40	Dibenyline	GH
9286R NP	Capsules 10 mg, 100	11	5	..	1164.47	35.40	Dibenzylone	BZ
SODIUM BICARBONATE								
9470K NP	Capsule 840 mg	100	2	..	14.00	15.09	Sodibic	AS

Drugs used in benign prostatic hypertrophy

Alpha-adrenoreceptor antagonists

DUTASTERIDE with TAMSULOSIN

Authority required (STREAMLINED)

3687

Treatment of lower urinary tract symptoms due to benign prostatic hyperplasia where treatment has been initiated by a urologist.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5490Y NP	Capsule containing dutasteride 500 micrograms with tamsulosin hydrochloride 400 micrograms	30	5	..	35.29	35.40	Duodart 500ug/400ug	GK
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Testosterone-5-alpha reductase inhibitors

DUTASTERIDE

Authority required (STREAMLINED)

3667

Treatment, in combination with an alpha-antagonist, of lower urinary tract symptoms due to benign prostatic hyperplasia where treatment is initiated by a urologist.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5468T NP	Capsule 500 micrograms	30	5	..	30.43	31.52	Avodart	GK
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Systemic hormonal preparations, excl. sex hormones and insulins

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
					\$	\$	

Systemic hormonal preparations, excl. sex hormones and insulins

Pituitary and hypothalamic hormones and analogues

Anterior pituitary lobe hormones and analogues

ACTH

2832C	TETRACOSACTRIN Injection 1 mg in 1 mL	5	5	..	*71.27	35.40	Synacthen Depot 1 mg/1 mL	NV
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Thyrotropin

THYROTROPIN ALFA

Authority required (STREAMLINED)

3193

Ablation of thyroid remnant tissue, in combination with radioactive iodine, in a post thyroidectomy patient without known metastatic disease.

2700D	Powder for injection 0.9 mg, 2	1	1901.42	35.40	Thyrogen	GZ
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Posterior pituitary lobe hormones

Vasopressin and analogues

DESMOPRESSIN ACETATE

Authority required (STREAMLINED)

1678

Cranial diabetes insipidus.

2129C	Intranasal solution 100 micrograms per mL, 2.5 mL	5	5	..	*161.17	35.40	Minirin	FP
8662X	Tablet 200 micrograms	90	5	..	*179.91	35.40	Minirin	FP
8711L	Nasal spray (pump pack) 10 micrograms per actuation, 60 actuations, 6 mL	2	5	..	*161.04	35.40	Minirin Nasal Spray	FP

DESMOPRESSIN ACETATE

Authority required (STREAMLINED)

2641

Primary nocturnal enuresis in patients aged 6 years or older who are refractory to an enuresis alarm;

2642

Primary nocturnal enuresis in patients aged 6 years or older for whom an enuresis alarm is contraindicated. The reason that an alarm is contraindicated must be documented in the patient's medical records when treatment is initiated.

Note

Not to be used in preference to enuresis alarms.

Desmopressin nasal spray may be associated with an increased risk of hyponatraemia compared to the oral formulations.

Note

Only one application per six months with no more than twice the maximum quantity will be authorised for the tablets.

8663Y NP	Tablet 200 micrograms	30	5	..	64.25	35.40	Minirin	FP
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DESMOPRESSIN ACETATE

Authority required (STREAMLINED)

2641

Primary nocturnal enuresis in patients aged 6 years or older who are refractory to an enuresis alarm;

2642

Primary nocturnal enuresis in patients aged 6 years or older for whom an enuresis alarm is contraindicated. The reason that an alarm is contraindicated must be documented in the patient's medical records when treatment is initiated.

Systemic hormonal preparations, excl. sex hormones and insulins

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	
<u>Note</u> Not to be used in preference to enuresis alarms. Desmopressin nasal spray may be associated with an increased risk of hyponatraemia compared to the oral formulations.								
<u>Note</u> Only one application per six months will be authorised for the wafers. No more than twice the maximum quantity for the 120 micrograms wafers and no applications for increased maximum quantities for the 240 micrograms wafers will be authorised.								
8975J NP	Wafer 240 micrograms (base)	30	5	..	115.94	35.40	Minirin Melt	FP
9398P NP	Wafer 120 micrograms (base)	30	5	..	70.85	35.40	Minirin Melt	FP

DESMOPRESSIN ACETATE

Authority required (STREAMLINED)

2641

Primary nocturnal enuresis in patients aged 6 years or older who are refractory to an enuresis alarm;

2642

Primary nocturnal enuresis in patients aged 6 years or older for whom an enuresis alarm is contraindicated. The reason that an alarm is contraindicated must be documented in the patient's medical records when treatment is initiated.

Note

Not to be used in preference to enuresis alarms.

Desmopressin nasal spray may be associated with an increased risk of hyponatraemia compared to the oral formulations.

8712M NP	Nasal spray (pump pack) 10 micrograms per actuation, 60 actuations, 6 mL	1	5	..	83.73	35.40	Minirin Nasal Spray	FP
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Hypothalamic hormones

Gonadotropin-releasing hormones

NAFARELIN

Authority required

Initial treatment (up to 6 months) of visually proven endometriosis;

Subsequent treatment (up to 6 months) of visually proven endometriosis, where 2 years or more have elapsed since the end of the previous course and where a recent bone density assessment has been made. The date of the assessment must be provided.

2962X	Nasal spray (pump pack) 200 micrograms (as acetate) per dose, 60 doses	1	5	..	95.51	35.40	Synarel	PF
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Corticosteroids for systemic use

Corticosteroids for systemic use, plain

Mineralocorticoids

FLUDROCORTISONE ACETATE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1433K NP	Tablet 100 micrograms	200	1	..	*46.50	35.40	Florinef	QA
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Glucocorticoids

BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit

Alopecia areata;

For local intra-articular or peri-articular infiltration;

Granulomata, dermal;

Keloid;

Lichen planus hypertrophic;

Lichen simplex chronicus;

Systemic hormonal preparations, excl. sex hormones and insulins

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	
	Lupus erythematosus, chronic discoid; Necrobiosis lipoidica; Uveitis.							
	Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
2694T NP	Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL	5	..	..	25.00	26.09	Celestone Chronodose	MK
	CORTISONE ACETATE							
	Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
1246N NP	Tablet 5 mg	50	4	..	15.30	16.39	Cortate	AS
1247P NP	Tablet 25 mg	60	4	..	17.74	18.83	Cortate	AS
	DEXAMETHASONE							
	Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
1292B NP	Tablet 500 micrograms	30	4	..	8.84	9.93	Dexamethsone	AS
2507Y NP	Tablet 4 mg	30	4	..	12.40	13.49	Dexamethsone	AS
	DEXAMETHASONE SODIUM PHOSPHATE							
	Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
1291Y NP	Injection equivalent to 8 mg dexamethasone phosphate in 2 mL	5	1	..	24.20	25.29 ^a	Dexamethsone	AS
						^a	Hospira Pty Limited	HH
2509C NP	Injection equivalent to 4 mg dexamethasone phosphate in 1 mL	5	..	..	16.22	17.31 ^a	Dexamethsone	AS
						^a	Hospira Pty Limited	HH
	HYDROCORTISONE							
	Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
1499X NP	Tablet 4 mg	50	4	..	23.05	24.14	Hysone 4	AF
1500Y NP	Tablet 20 mg	60	4	..	30.16	31.25	Hysone 20	AF
	HYDROCORTISONE SODIUM SUCCINATE							
1501B NP	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	2	..	..	*16.52	17.61	Solu-Cortef	PF
3096Y NP	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	1	..	..	15.54	16.63	Solu-Cortef	PF

Systemic hormonal preparations, excl. sex hormones and insulins

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	
HYDROCORTISONE SODIUM SUCCINATE								
<u>Restricted benefit</u>								
For use in a hospital.								
1510L NP	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	6	..	..	*36.72	35.40	Solu-Cortef	PF
1511M NP	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	..	..	*58.74	35.40	Solu-Cortef	PF
METHYLPREDNISOLONE								
<u>Note</u>								
Pharmaceutical benefits that have the form methylprednisolone powder for injection 40 mg (as sodium succinate) and pharmaceutical benefits that have the form methylprednisolone powder for injection 40 mg (as sodium succinate) with diluent are equivalent for the purposes of substitution.								
2981X NP	Powder for injection 40 mg (as sodium succinate) with diluent	5	..	..	30.47	31.56 ^a	Solu-Medrol	PF
5263B NP	Powder for injection 40 mg (as sodium succinate)	5	..	..	30.47	31.56 ^a	Methylpred	AS
METHYLPREDNISOLONE								
<u>Note</u>								
Pharmaceutical benefits that have the form methylprednisolone powder for injection 1 g (as sodium succinate) and pharmaceutical benefits that have the form methylprednisolone powder for injection 1 g (as sodium succinate) with diluent are equivalent for the purposes of substitution.								
5264C NP	Powder for injection 1 g (as sodium succinate)	1	..	..	79.69	35.40 ^a	Methylpred	AS
8834Y NP	Powder for injection 1 g (as sodium succinate) with diluent	1	..	..	79.69	35.40 ^a	Solu-Medrol	PF
METHYLPREDNISOLONE ACETATE								
<u>Restricted benefit</u>								
For local intra-articular or peri-articular infiltration.								
1928L NP	Injection 40 mg in 1 mL	5	..	..	21.38	22.47 ^a	Depo-Nisalone	FZ
				^B 0.60	21.98	22.47 ^a	Depo-Medrol	PF
PREDNISOLONE								
1916W NP	Tablet 25 mg	30	4	..	10.13	11.22	Panafcortelone	AS
							Solone	VT
1917X NP	Tablet 5 mg	60	4	..	8.48	9.57	Panafcortelone	AS
							Solone	VT
3152X NP	Tablet 1 mg	100	4	..	8.33	9.42 ^a	Predsolone	LN
				^B 0.44	8.77	9.42 ^a	Panafcortelone	AS
PREDNISOLONE SODIUM PHOSPHATE								
8285C NP	Oral solution equivalent to 5 mg prednisolone per mL, 30 mL	1	5	..	14.70	15.79 ^a	PredMix	LN
				^B 1.77	16.47	15.79 ^a	Redipred	AS
PREDNISONE								
1934T NP	Tablet 1 mg	100	4	..	8.86	9.95 ^a	Predsone	LN
				^B 0.61	9.47	9.95 ^a	Panafcort	AS
1935W NP	Tablet 5 mg	60	4	..	9.18	10.27	Panafcort	AS
							Sone	VT
1936X	Tablet 25 mg	30	4	..	11.41	12.50	Panafcort	AS

Systemic hormonal preparations, excl. sex hormones and insulins

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
NP							Sone VT
	TRIAMCINOLONE ACETONIDE <u>Restricted benefit</u> Alopecia areata; For local intra-articular or peri-articular infiltration; Granulomata, dermal; Keloid; Lichen planus hypertrophic; Lichen simplex chronicus; Lupus erythematosus, chronic discoid; Necrobiosis lipoidica; Psoriasis.						
	<u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.						
2990J NP	Injection 10 mg in 1 mL	5	..	..	25.00	26.09	Kenacort-A10 QA

Thyroid therapy

Thyroid preparations *Thyroid hormones*

LIOTHYRONINE SODIUM

Authority required (STREAMLINED)

1219

Management of patients with thyroid cancer;

1858

Replacement therapy for hypothyroid patients who have documented intolerance to thyroxine sodium;

1859

Replacement therapy for hypothyroid patients who have documented resistance to thyroxine sodium;

1182

Initiation of thyroid therapy in severely hypothyroid patients.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2318B NP	Tablet 20 micrograms	100	2	..	83.53	35.40	Tertroxin QA
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THYROXINE SODIUM

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2173J NP	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	1	..	27.01	28.10 ^a	Eutroxig FM
				^B 2.21	29.22	28.10 ^a	Oroxine QA
2174K NP	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	1	..	23.37	24.46 ^a	Eutroxig FM
				^B 2.21	25.58	24.46 ^a	Oroxine QA
2175L NP	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	1	..	23.98	25.07 ^a	Eutroxig FM
				^B 2.21	26.19	25.07 ^a	Oroxine QA

Systemic hormonal preparations, excl. sex hormones and insulins

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
9287T NP	Tablet equivalent to 75 micrograms anhydrous thyroxine sodium	200	1	..	24.02	25.11 ^a	Eutroxsig FM
				^B 2.27	26.29	25.11 ^a	Oroxine QA

Antithyroid preparations

Thiouracils

PROPYLTHIOURACIL

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1955X NP	Tablet 50 mg	200	2	..	*49.64	35.40	PTU	PL
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Sulfur-containing imidazole derivatives

CARBIMAZOLE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1153Q NP	Tablet 5 mg	200	2	..	*31.04	32.13	Neo-Mercazole	LM
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Pancreatic hormones

Glycogenolytic hormones

Glycogenolytic hormones

GLUCAGON HYDROCHLORIDE

1449G NP	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	1	..	45.63	35.40	GlucaGen Hypokit	NO
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Calcium homeostasis

Parathyroid hormones and analogues

Parathyroid hormones and analogues

TERIPARATIDE

Note

Any queries concerning the arrangements to prescribe teriparatide 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 teriparatide 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.

Authority required

Initial treatment, as the sole PBS-subsidised agent, by a specialist or consultant physician, for severe, established osteoporosis in a patient with a very high risk of fracture who:

- (a) has a bone mineral density (BMD) T-score of -3.0 or less; and
- (b) has had 2 or more fractures due to minimal trauma; and
- (c) has experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Systemic hormonal preparations, excl. sex hormones and insulins

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
<p>If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be provided at the time of application.</p> <p>If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details of accepted toxicities including severity can be found on the Medicare Australia website at www.medicareaustralia.gov.au and must be provided at the time of application.</p> <p>Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months, disodium etidronate 200 mg with calcium carbonate 1.25 g per day, strontium ranelate 2 g per day and zoledronic acid 5 mg per annum.</p> <p>Authority applications must be made in writing and must include: Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed during the course of anti-resorptive therapy and the score of the qualifying BMD measurement.</p> <p><u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.</p> <p><u>Authority required</u> Initial treatment, as the sole PBS-subsidised agent, by a specialist or consultant physician, for severe, established osteoporosis in a patient with a very high risk of fracture who was receiving treatment with teriparatide prior to 1 May 2009.</p> <p>The authority application must be made in writing and the commencement date of treatment and the number of doses the patient has received of teriparatide must be provided with the application. The patient is eligible to receive a maximum of 18 months therapy of combined PBS-subsidised and non-PBS-subsidised therapy.</p> <p>Patients may qualify for PBS-subsidised treatment under this restriction once only.</p> <p><u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.</p> <p><u>Authority required</u> Continuing treatment for severe established osteoporosis where the patient has previously been issued with an authority prescription for this drug.</p> <p>Teriparatide must only be used for a lifetime maximum of 18 months therapy (18 pens). Up to a maximum of 18 pens will be reimbursed through the PBS.</p> <p>Authority applications for continuing treatment may be made by telephone to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p><u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.</p> <p><u>Note</u> Special Pricing Arrangements apply.</p>							
9411H	Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen	1	5	..	438.37	35.40	Forteo LY

Anti-parathyroid agents *Calcitonin preparations*

SALCATONIN

Note

The maximum quantities for salcatonin shown represent the number of individual ampoules and NOT multiples of the manufacturer's packs. The pack size for both strengths is five ampoules.

Authority required (STREAMLINED)

3256

Symptomatic Paget disease of bone;

1412

Treatment initiated in a hospital (in-patient or out-patient) of hypercalcaemia.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2995P NP	Injection 50 i.u. in 1 mL	30	5	..	*207.66	35.40	Miacalcic 50	NV
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Systemic hormonal preparations, excl. sex hormones and insulins

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
2997R NP	Injection 100 i.u. in 1 mL	15	5	..	*161.13	35.40	Miacalcic 100 NV

Other anti-parathyroid agents

CINACALCET

Authority required (STREAMLINED)

3673

Maintenance therapy, following initiation and stabilisation of treatment with cinacalcet, of a patient with chronic kidney disease on dialysis who has a decrease of at least 30% in iPTH concentrations after 6 months treatment;

3672

Maintenance therapy, following initiation and stabilisation of treatment with cinacalcet, of a patient with chronic kidney disease on dialysis who has iPTH greater than 15 pmol per L and an (adjusted) serum calcium concentration of less than 2.6 mmol per L after 6 months treatment.

Note

During the titration phase, intact PTH should be monitored 4 weekly (measured at least 12 hours post dose) and dose titrated until an appropriate iPTH concentration is achieved. During the titration phase, approval will be limited to sufficient supply for 4 weeks treatment at a time, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

During the maintenance phase, approval will be limited to provide sufficient quantity for 4 weeks treatment up to a maximum of 6 months supply for doses between 30 and 180 mg per day according to the patient's response and tolerability. Intact PTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Special Pricing Arrangements apply.

9157Y NP	Tablet 30 mg (as hydrochloride)	28	5	..	343.60	35.40	Sensipar	AN
9158B NP	Tablet 60 mg (as hydrochloride)	28	5	..	670.32	35.40	Sensipar	AN
9159C NP	Tablet 90 mg (as hydrochloride)	28	5	..	1002.27	35.40	Sensipar	AN

Antiinfectives for systemic use

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
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Antiinfectives for systemic use

Antibacterials for systemic use

Tetracyclines

Tetracyclines

DOXYCYCLINE

Note

Pharmaceutical benefits that have the form doxycycline tablet 100 mg (as hydrochloride) and pharmaceutical benefits that have the form doxycycline tablet 100 mg (as monohydrate) are equivalent for the purposes of substitution.

2709N <i>NP</i>	Tablet 100 mg (as hydrochloride)	7	1	..	8.36	9.45	^a Doxsig	QA
							^a Doxy-100	GM
							^a Doxylin 100	AF
9105F <i>NP</i>	Tablet 100 mg (as monohydrate)	7	1	..	8.36	9.45	^a Chem mart Doxycycline	CH
							^a Doxyhexal	SZ
							^a GenRx Doxycycline	GX
							^a Terry White Chemists Doxycycline	TW

DOXYCYCLINE

2708M <i>NP</i>	Capsule 100 mg (as hydrochloride)	7	1	..	8.36	9.45	^a Mayne Pharma Doxycycline	YT
				^B 1.10	9.46	9.45	^a Doryx	YN

DOXYCYCLINE

Restricted benefit

Bronchiectasis in patients aged 8 years or older;

Chronic bronchitis in patients aged 8 years or older;

Severe acne.

Note

Pharmaceutical benefits that have the form doxycycline tablet 50 mg (as hydrochloride) and pharmaceutical benefits that have the form doxycycline tablet 50 mg (as monohydrate) are equivalent for the purposes of substitution.

2711Q <i>NP</i>	Tablet 50 mg (as hydrochloride)	25	5	..	9.88	10.97	^a Doxy-50	GM
							^a Doxylin 50	AF
				^B 1.20	11.08	10.97	^a Vibra-Tabs	PF
9106G <i>NP</i>	Tablet 50 mg (as monohydrate)	25	5	..	9.88	10.97	^a Chem mart Doxycycline	CH
							^a Doxyhexal	SZ
							^a Frakas	QA
							^a GenRx Doxycycline	GX
							^a Terry White Chemists Doxycycline	TW

DOXYCYCLINE

Restricted benefit

Bronchiectasis in patients aged 8 years or older;

Chronic bronchitis in patients aged 8 years or older;

Antiinfectives for systemic use

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	
	Severe acne.								
2707L NP	Capsule 50 mg (as hydrochloride)	25	5	..	9.88	10.97	^a	Mayne Pharma Doxycycline	YT
				^B 1.24	11.12	10.97	^a	Doryx	YN
<hr/>									
DOXYCYCLINE									
<u>Restricted benefit</u>									
Pelvic inflammatory disease.									
<u>Note</u>									
Pharmaceutical benefits that have the form doxycycline tablet 100 mg (as hydrochloride) and pharmaceutical benefits that have the form doxycycline tablet 100 mg (as monohydrate) are equivalent for the purposes of substitution.									
2702F NP	Tablet 100 mg (as hydrochloride)	28	..	..	*14.18	15.27	^a	Doxsig	QA
							^a	Doxy-100	GM
							^a	Doxylin 100	AF
9107H NP	Tablet 100 mg (as monohydrate)	28	..	..	*14.18	15.27	^a	Chem mart	CH
							^a	Doxycycline	
							^a	Doxyhexal	SZ
							^a	GenRx Doxycycline	GX
							^a	Terry White Chemists Doxycycline	TW
<hr/>									
DOXYCYCLINE									
<u>Restricted benefit</u>									
Pelvic inflammatory disease.									
2703G NP	Capsule 100 mg (as hydrochloride)	28	..	..	*14.18	15.27	^a	Mayne Pharma Doxycycline	YT
				^B 4.40	*18.58	15.27	^a	Doryx	YN
<hr/>									
DOXYCYCLINE									
<u>Restricted benefit</u>									
Urethritis.									
<u>Note</u>									
Pharmaceutical benefits that have the form doxycycline tablet 100 mg (as hydrochloride) and pharmaceutical benefits that have the form doxycycline tablet 100 mg (as monohydrate) are equivalent for the purposes of substitution.									
2714W NP	Tablet 100 mg (as hydrochloride)	21	..	..	*12.24	13.33	^a	Doxsig	QA
							^a	Doxy-100	GM
							^a	Doxylin 100	AF
9108J NP	Tablet 100 mg (as monohydrate)	21	..	..	*12.24	13.33	^a	Chem mart	CH
							^a	Doxycycline	
							^a	Doxyhexal	SZ
							^a	Terry White Chemists Doxycycline	TW
				..	12.25	13.34	^a	GenRx Doxycycline	GX
<hr/>									
DOXYCYCLINE									
<u>Restricted benefit</u>									
Urethritis.									
2715X NP	Capsule 100 mg (as hydrochloride)	21	..	..	12.22	13.31	^a	Mayne Pharma Doxycycline	YT

Antiinfectives for systemic use

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
				^B 1.97	14.19	13.31	^a	Doryx YN

MINOCYCLINE

Caution

There are concerns about the incidence of benign intracranial hypertension associated with this drug.

Restricted benefit

Severe acne not responding to other tetracyclines.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

1616C <i>NP</i>	Tablet 50 mg	60	5	..	15.05	16.14	^a	Akamin 50 AF
				^B 1.89	16.94	16.14	^a	Minomycin-50 QA

Beta-lactam antibacterials, penicillins

Penicillins with extended spectrum

AMOXYCILLIN

1878W <i>NP</i>	Sachet containing oral powder 3 g	1	..	..	8.06	9.15		Amoxil GK
1884E <i>NP, MW</i>	Capsule 250 mg	20	1	..	7.73	8.82	^a	Alphamox 250 AF
							^a	Amoxycillin-GA GM
							^a	Amoxycillin Ranbaxy RA
							^a	Amoxycillin Sandoz SZ
							^a	APO-Amoxycillin TX
							^a	Chem mart Amoxycillin CH
							^a	Cilamox QA
							^a	GenRx Amoxycillin GX
							^a	Terry White Chemists Amoxycillin TW
				^B 0.88	8.61	8.82	^a	Amoxil GK
1886G <i>NP</i>	Powder for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#10.17	11.61	^a	Alphamox 125 AF
							^a	Amoxycillin Sandoz SZ
							^a	Bgramin GM
							^a	Chem mart Amoxycillin CH
							^a	GenRx Amoxycillin GX
							^a	Ranmoxy RA
							^a	Terry White Chemists Amoxycillin TW
				^B 0.89	#11.06	11.61	^a	Amoxil GK
1887H <i>NP</i>	Powder for syrup 250 mg per 5 mL, 100 mL	‡1	1	..	#10.68	12.12	^a	Alphamox 250 AF
							^a	Amoxycillin Sandoz SZ
							^a	Bgramin GM
							^a	Chem mart Amoxycillin CH
							^a	Cilamox QA
							^a	GenRx Amoxycillin GX
							^a	Ranmoxy RA
							^a	Terry White Chemists Amoxycillin TW
				^B 0.87	#11.55	12.12	^a	Amoxil Forte GK

Antiinfectives for systemic use

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
1889K <i>NP,MW</i>	Capsule 500 mg	20	1	..	9.03	10.12 ^a	Alphamox 500 AF
							^a Amoxycillin-GA GM
							^a Amoxycillin generichealth 500 GQ
							^a Amoxycillin Ranbaxy RA
							^a Amoxycillin Sandoz SZ
							^a APO-Amoxycillin TX
							^a Chem mart Amoxycillin CH
							^a Cilamox QA
							^a GenRx Amoxycillin GX
							^a Terry White Chemists Amoxycillin TW
				^B 0.89	9.92	10.12 ^a	Amoxil GK
8705E <i>NP</i>	Powder for oral suspension 500 mg per 5 mL, 100 mL	‡1	1	..	#12.54	13.98	Maxamox SZ
<hr/>							
AMOXYCILLIN							
<u>Restricted benefit</u>							
Acute exacerbations of chronic bronchitis.							
8581P <i>NP</i>	Tablet 1 g	14	1	..	9.11	10.20 ^a	Amoxycillin Sandoz BG
				^B 0.73	9.84	10.20 ^a	Maxamox SZ
AMPICILLIN							
2390T <i>NP</i>	Powder for injection 500 mg	5	1	..	10.85	11.94 ^a	Austrapen LN
							^a Ibimicyn TS
2977Q <i>NP</i>	Powder for injection 1 g	5	1	..	13.69	14.78 ^a	Aspen Ampicyn AS
							^a Austrapen LN
							^a Ibimicyn TS
<i>Beta-lactamase sensitive penicillins</i>							
BENZATHINE BENZYLPENICILLIN							
2267H <i>NP</i>	Injection 900 mg in 2.3 mL single use pre-filled syringe	10	..	..	293.11	35.40	Bicillin L-A PF
BENZYLPENICILLIN							
1775K <i>NP,MW</i>	Powder for injection 600 mg	10	1	..	*42.92	35.40	BenPen CS
2647H <i>NP</i>	Powder for injection 3 g	10	..	..	*66.92	35.40	BenPen CS
PHENOXYMETHYLPENICILLIN							
1787C <i>NP</i>	Tablet 250 mg	50	..	..	*11.32	12.41	Abbocillin-VK Filmtab QA
1789E <i>NP</i>	Capsule 250 mg	50	..	..	11.16	12.25 ^a	Cilicaine VK FM
							^a Cilopen VK GM
							LPV VT
2965C <i>NP</i>	Capsule 500 mg	50	..	..	13.47	14.56 ^a	Cilicaine VK FM
							^a Cilopen VK GM

Antiinfectives for systemic use

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	
							LPV	VT
3028J NP	Tablet 500 mg	50	..	..	*13.66	14.75	Abbocillin-VK Filmtab	QA
8976K NP	Powder for oral liquid 125 mg (as potassium) per 5 mL, 100 mL	2	1	..	*#16.76	18.20	Phenoxymethyl- penicillin-AFT	AE
8977L NP	Powder for oral liquid 250 mg (as potassium) per 5 mL, 100 mL	2	1	..	*#19.32	20.76	Phenoxymethyl- penicillin-AFT	AE
9143F NP	Oral suspension 150 mg (as benzathine) per 5 mL, 100 mL	2	1	..	*21.60	22.69 ^a	Cilicaine V	FM
				^B 1.90	*23.50	22.69 ^a	Abbocillin-V	QA

PHENOXYMETHYLPENICILLIN

Restricted benefit

Prophylaxis of recurrent streptococcal infections (including rheumatic fever).

1703P NP	Tablet 250 mg	50	5	..	*11.32	12.41	Abbocillin-VK Filmtab	QA
1705R NP	Capsule 250 mg	50	5	..	11.16	12.25 ^a	Cilicaine VK	FM
						^a	Cilopen VK	GM
							LPV	VT

PROCAINE PENICILLIN

1794K NP	Injection 1.5 g	5	92.22	35.40	Cilicaine	QA
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Beta-lactamase resistant penicillins

DICLOXACILLIN

Restricted benefit

Serious staphylococcal infections.

8121K NP,MW	Capsule 250 mg	24	..	..	11.19	12.28 ^a	Dicloxsig	QA
						^a	Distaph 250	AF
8122L NP,MW	Capsule 500 mg	24	..	..	16.41	17.50 ^a	Diclocil	BQ
						^a	Dicloxsig	QA
						^a	Distaph 500	AF

FLUCLOXACILLIN

Caution

Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

1524F NP	Powder for injection 500 mg	5	..	..	12.76	13.85 ^a	Flubiclox	TS
						^a	Flucil	AS
1525G NP	Powder for injection 1 g	5	1	..	16.33	17.42 ^a	Flubiclox	TS
						^a	Flucil	AS
						^a	Hospira Pty Limited	HH

FLUCLOXACILLIN

Caution

Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infections.

Antiinfectives for systemic use

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
1526H <i>NP,MW</i>	Capsule 250 mg (as sodium)	24	..	..	11.19	12.28 ^a	Flopen AS
						^a	Staphylex 250 AF
1527J <i>NP,MW</i>	Capsule 500 mg (as sodium)	24	..	..	16.41	17.50 ^a	Flopen AS
						^a	Staphylex 500 AF
9149M <i>NP</i>	Powder for oral liquid 125 mg (as sodium) per 5 mL, 100 mL	‡1	..	..	#16.05	17.49	Flucil LN
9150N <i>NP</i>	Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL	‡1	..	..	#19.58	21.02	Flucil LN

Combinations of penicillins, incl. beta-lactamase inhibitors

AMOXYCILLIN with CLAVULANIC ACID

Caution

Hepatotoxicity has been reported with this drug.

Restricted benefit

Infections where resistance to amoxicillin is suspected;

Infections where resistance to amoxicillin is proven.

1891M <i>NP,MW</i>	Tablet 500 mg-125 mg	10	1	..	10.08	11.17 ^a	Amoxicillin/ Clavulanic Acid 500/125 generichealth	GQ
						^a	APO-Amoxicillin/ Clavulanic Acid 500/125	TX
						^a	Clamoxyl Duo	AL
						^a	Curam Duo 500/125	SZ
						^a	GA-Amclav 500/125	GM
						^a	Moxiclav Duo 500/125	QA
				^B 1.57	11.65	11.17 ^a	Augmentin Duo	GK
1892N <i>NP</i>	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	‡1	1	..	#11.25	12.69 ^a	Clamoxyl	AL
						^a	Curam	SZ
				^B 1.58	#12.83	12.69 ^a	Augmentin	GK
8254K <i>NP</i>	Tablet 875 mg-125 mg	10	1	..	11.63	12.72 ^a	Amoxicillin/ Clavulanic Acid 875/125 generichealth	GQ
						^a	Chem mart	CH
						^a	Amoxicillin and Clavulanic Acid	
						^a	Clamoxyl Duo forte	AL
						^a	Clavycillin 875/125	CR
						^a	Curam Duo Forte 875/125	SZ
						^a	GA-Amclav Forte 875/125	GM
						^a	GenRx Amoxicillin and Clavulanic Acid	GX
						^a	Moxiclav Duo Forte 875/125	QA
						^a	Terry White Chemists	TW
							Amoxicillin and Clavulanic Acid	
				^B 1.56	13.19	12.72 ^a	Augmentin Duo forte	GK
8319W <i>NP</i>	Powder for syrup 400 mg-57 mg per 5 mL, 60 mL	‡1	1	..	#12.22	13.66 ^a	Clamoxyl Duo 400	AL

Antiinfectives for systemic use

[illegible]

TICARCILLIN with CLAVULANIC ACID

Restricted benefit

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

Septicaemia, suspected:

Septicaemia, proven.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2179Q NP	Powder for injection 3 g-100 mg (solvent required) (code 6884H applies to above item with approved solvent)	10	163.32	35.40	Timentin	GK
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Other beta-lactam antibacterials

First-generation cephalosporins

CEFALOTIN

2964B NP	Powder for injection 1 g	10	1	..	26.25	27.34	^a	Cefalotin Sandoz	SZ
							^a	Hospira Pty Limited	HH
							^a	Keflin Neutral	AS

CEPHALEXIN

3058Y NP,MW	Cefalexin Capsule 250 mg	20	1	..	7.92	9.01	^a	Cefalexin Sandoz	SZ
							^a	Cephalexin generichealth	GQ
							^a	Cephalexin-PS	FZ
							^a	Cephitrust 250	MI
							^a	Chem mart Cephalexin	CH
							^a	Cilex	GM
							^a	GenRx Cephalexin	GX
							^a	Ialex	LN
							^a	Ibilex 250	AF
							^a	Pharmacor Cephalexin 250	CR
							^a	Rancef	RA
							^a	Terry White Chemists Cephalexin	TW
							^a	Keflex	AS
3094W NP	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	1	..	#10.78	12.22	^a	AP0-Cephalexin	TX
							^a	Cefalexin Sandoz	SZ
							^a	Chem mart Cephalexin	CH
							^a	Cilex	GM
							^a	GenRx Cephalexin	GX
							^a	Ialex	LN
							^a	Ibilex 125	AF
							^a	Terry White Chemists Cephalexin	TW

Antiinfectives for systemic use

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	
3095X NP	Granules for syrup 250 mg per 5 mL, 100 mL	1	1	B2.20	#12.98	12.22	a	Keflex AS
				..	#11.65	13.09	a	APO-Cephalexin TX
							a	Cefalexin Sandoz SZ
							a	Chem mart CH
							a	Cephalexin GM
							a	Cilex GX
							a	GenRx Cephalexin LN
							a	Ialex AF
3119E NP,MW	Capsule 500 mg	20	1				a	Terry White Chemists TW
							a	Cephalexin AS
				B2.70	#14.35	13.09	a	Keflex AS
				..	9.10	10.19	a	Cefalexin Sandoz SZ
							a	Cephabeil BF
							a	Cephalexin generichealth GQ
							a	Cephalexin-PS FZ
							a	Cephatrast 500 MI
							a	Chem mart CH
							a	Cephalexin GM
							a	Cilex GX
							a	GenRx Cephalexin LN
							a	Ialex AF
							a	Ibilex 500 CR
							a	Pharmacor Cephalexin 500 RA
							a	Rancef TW
							a	Terry White Chemists TW
							a	Cephalexin AS
				B2.73	11.83	10.19	a	Keflex AS

CEPHAZOLIN

Restricted benefit

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

Septicaemia, suspected;

Septicaemia, proven.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1256D NP	Powder for injection 500 mg	10	..	..	*39.88	35.40		Hospira Pty Limited	HH
1257E NP	Powder for injection 1 g	10	..	..	*56.92	35.40	a	Hospira Pty Limited	HH
				..	56.93	35.40	a	Cefazolin Sandoz	SZ
							a	Cephazolin Alphapharm	AF
							a	Kefzol	AS
9326W NP	Powder for injection 2 g	10	..	..	*104.22	35.40	a	Cefazolin Sandoz	SZ
							a	Cephazolin Alphapharm	AF

Antiinfectives for systemic use

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	
CEPHAZOLIN								
<u>Restricted benefit</u>								
Cellulitis.								
5477G NP	Powder for injection 500 mg	10	..	..	*39.88	35.40	Hospira Pty Limited	HH
5478H NP	Powder for injection 1 g	10	..	..	*56.92	35.40	^a Hospira Pty Limited	HH
				..	56.93	35.40	^a Cefazolin Sandoz	SZ
							^a Cephalozin Alphapharm	AF
							^a Kefzol	AS
5479J NP	Powder for injection 2 g	10	..	..	*104.22	35.40	^a Cefazolin Sandoz	SZ
							^a Cephalozin Alphapharm	AF
<i>Second-generation cephalosporins</i>								
CEFACTOR								
<u>Caution</u>								
Serum sickness-like reactions have been reported with this drug, especially in children.								
1169M	Tablet 375 mg (sustained release)	10	1	..	11.33	12.42	^a Cefaclor-GA	GN
							^a Cefaclor GH	GQ
							^a Chem mart	CH
							^a Cefaclor CD	CH
							^a GenRx Cefaclor CD	GX
							^a Karlor CD	LN
							^a Keflor CD	AF
							^a Ozcef	RA
							^a Terry White Chemists	TW
							^a Cefaclor CD	TW
				^B 3.93	15.26	12.42	^a Ceclor CD	AS
2460L	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	1	..	#12.45	13.89	^a Aclor 125	QA
							^a Cefaclor Sandoz	SZ
							^a Chem mart	CH
							^a Cefaclor	CH
							^a GenRx Cefaclor	GX
							^a Keflor	AF
							^a Ozcef	RA
							^a Terry White Chemists	TW
							^a Cefaclor	TW
				^B 3.16	#15.61	13.89	^a Ceclor	AS
2461M	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	1	..	#12.69	14.13	^a Aclor 250	QA
							^a Cefaclor Sandoz	SZ
							^a Chem mart	CH
							^a Cefaclor	CH
							^a GenRx Cefaclor	GX
							^a Keflor	AF
							^a Ozcef	RA
							^a Terry White Chemists	TW
							^a Cefaclor	TW
				^B 3.31	#16.00	14.13	^a Ceclor	AS
CEFUROXIME AXETIL								
8292K	Tablet 250 mg (base)	14	1	..	18.62	19.71	Zinnat	GK

Antiinfectives for systemic use

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
<i>Third-generation cephalosporins</i>							
CEFOTAXIME <u>Restricted benefit</u> Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected; Septicaemia, proven.							
<u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
1085D NP	Powder for injection 1 g	10	..	..	*26.32	27.41 ^a	Cefotaxime Sandoz SZ
				..	26.44	27.53 ^a	Hospira Pty Limited HH
1086E NP	Powder for injection 2 g	10	..	..	*42.92	35.40 ^a	Cefotaxime Sandoz SZ
				..	43.02	35.40 ^a	Hospira Pty Limited HH
CEFTRIAXONE <u>Restricted benefit</u> Gonorrhoea.							
9058R NP	Powder for injection 500 mg	1	..	..	10.25	11.34	Ceftriaxone ICP PP
CEFTRIAXONE <u>Restricted benefit</u> Infections where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent; Septicaemia, suspected; Septicaemia, proven.							
<u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
1783W NP	Powder for injection 500 mg	5	..	..	*25.57	26.66	Ceftriaxone ICP PP
1784X NP	Powder for injection 1 g	5	..	..	*36.32	35.40 ^a	Ceftriaxone ICP PP
						^a	Ceftriaxone Sandoz SZ
						^a	DBL Ceftriaxone HH
						^a	Rocephin RO
				..	36.35	35.40 ^a	Max Pharma Pty Ltd XF
1785Y NP	Powder for injection 2 g	5	..	..	*59.52	35.40 ^a	Ceftriaxone ICP PP
						^a	Ceftriaxone Sandoz SZ
						^a	DBL Ceftriaxone HH
						^a	Rocephin RO

Fourth-generation cephalosporins

CEFEPIME
Authority required
 Treatment of febrile neutropenia.

Note
Shared Care Model:
 For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Antiinfectives for systemic use

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
8315P <i>NP</i>	Powder for injection 1 g (as hydrochloride) (solvent required) (code 7079N applies to above item with approved solvent)	10	..	..	*161.62	35.40 ^a	DBL Cefepime HH
							^a Maxipime BQ
							^a Omegapharm Pty Ltd OE
8316Q <i>NP</i>	Powder for injection 2 g (as hydrochloride) (solvent required) (code 7085X applies to above item with approved solvent)	10	..	..	*293.22	35.40 ^a	DBL Cefepime HH
							^a Maxipime BQ
							^a Omegapharm Pty Ltd OE

Sulfonamides and trimethoprim

Trimethoprim and derivatives

TRIMETHOPRIM							
2922T <i>NP</i>	Tablet 300 mg	7	1	..	8.38	9.47 ^a	Alprim AF
				^B 1.89	10.27	9.47 ^a	Triprim QA

Combinations of sulfonamides and trimethoprim, incl. derivatives

TRIMETHOPRIM with SULFAMETHOXAZOLE

Caution

There is an increased risk of severe adverse reactions with this combination in the elderly.

2951H <i>NP</i>	Tablet 160 mg-800 mg	10	1	..	9.24	10.33 ^a	Bactrim DS RO
							^a Resprim Forte AF
				^B 1.46	10.70	10.33 ^a	Septin Forte QA
3103H <i>NP</i>	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	1	..	8.93	10.02	Bactrim RO
				^B 1.79	10.72	10.02	Septin QA

Macrolides, lincosamides and streptogramins

Macrolides

AZITHROMYCIN

Restricted benefit

Uncomplicated urethritis due to Chlamydia trachomatis;

Uncomplicated cervicitis due to Chlamydia trachomatis.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8200N <i>NP</i>	Tablet 500 mg (as dihydrate)	2	..	..	21.09	22.18 ^a	Azithromycin Sandoz SZ
						^a	Zithromax PF
						^a	Zitrocin GM

AZITHROMYCIN

Restricted benefit

Trachoma.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8201P <i>NP</i>	Powder for oral suspension 200 mg (as dihydrate) per 5 mL, 15 mL	‡1	..	..	#21.14	22.58	Zithromax PF
8336R <i>NP</i>	Tablet 500 mg (as dihydrate)	2	2	..	21.09	22.18 ^a	Azithromycin Sandoz SZ

Antiinfectives for systemic use

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 Zithromax	PF
							^a Zitrocin	GM
CLARITHROMYCIN								
8318T NP	Tablet 250 mg	14	1	..	11.22	12.31	^a APO- Clarithromycin	TX
							^a Chem mart	CH
							^a Clarithromycin	GM
							^a Clarac	GM
							^a Clarihexal	SZ
							^a Clarithro 250	QA
							^a GenRx	GX
							^a Clarithromycin	AF
							^a Kalixocin	AF
							^a Terry White Chemists	TW
				^B 1.50	12.72	12.31	^a Clarithromycin	AB
							^a Klacid	AB
CLARITHROMYCIN								
<u>Restricted benefit</u>								
Bordetella pertussis;								
Atypical mycobacterial infections.								
9192T NP	Powder for oral liquid 250 mg per 5 mL, 50 mL	‡1	..	..	#30.67	32.11	Klacid	AB
ERYTHROMYCIN								
1404X NP	Capsule 250 mg	25	1	..	10.69	11.78	^a Mayne Pharma	YT
				^B 2.38	13.07	11.78	^a Erythromycin	YN
ERYTHROMYCIN ETHYL SUCCINATE								
2424N NP	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	1	..	#14.52	15.96	^a E-Mycin 200	AF
				^B 2.71	#17.23	15.96	^a E.E.S. 200	LM
2428T NP	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	1	..	#16.03	17.47	^a E-Mycin 400	AF
				^B 2.73	#18.76	17.47	^a E.E.S. Granules	LM
2750R NP	Tablet 400 mg (base)	25	1	..	10.69	11.78	^a E-Mycin	AF
				^B 2.66	13.35	11.78	^a E.E.S. 400 Filmtab	LM
ERYTHROMYCIN LACTOBIONATE								
1397M NP	Powder for I.V. infusion 1 g (base)	5	..	..	*98.62	35.40	Erythrocin-I.V.	LM
ROXITHROMYCIN								
1760P NP	Tablet 150 mg	10	1	..	9.76	10.85	^a APO-Roxithromycin	TX
							^a Biaxsig	AV
							^a Chem mart	CH
							^a Roxithromycin	QA
							^a Roxar 150	QA
							^a Roximycin	AF
							^a Roxithromycin-GA	GM

Antiinfectives for systemic use

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	
8016X <i>NP</i>	Tablet 300 mg	5	1	..	9.76	10.85	^a Roxithromycin Sandoz	SZ
							^a Terry White Chemists Roxithromycin	TW
							^a Rulide	SW
							^a APO-Roxithromycin	TX
							^a Biaxig	AV
							^a Chem mart Roxithromycin	CH
							^a Roxar 300	QA
							^a Roximycin	AF
							^a Roxithromycin-GA	GM
							^a Roxithromycin Sandoz	SZ
8129W <i>NP</i>	Tablet for oral suspension 50 mg	10	1	..	12.89	13.98	^a Terry White Chemists Roxithromycin	TW
							^a Rulide	SW
							^a Rulide D	SW
							^a Rulide	SW

Lincosamides

CLINDAMYCIN

Restricted benefit

Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.

3138E <i>NP,MW</i>	Capsule 150 mg	24	..	..	19.75	20.84	^a Cleocin	FZ
				^B 1.37	21.12	20.84	^a Dalacin C	PF

LINCOMYCIN

2530E <i>NP,MW</i>	Injection 600 mg in 2 mL	5	33.74	34.83	Lincocin	PF
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Aminoglycoside antibacterials

Other aminoglycosides

GENTAMICIN SULFATE

2824P <i>NP</i>	Injection 80 mg (base) in 2 mL	10	1	..	19.67	20.76	Pfizer Australia Pty Ltd	PF
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TOBRAMYCIN

Authority required (STREAMLINED)

3842

Management of a proven *Pseudomonas aeruginosa* infection in a patient with cystic fibrosis.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Special Pricing Arrangements apply.

5442K	Solution for inhalation 300 mg in 5 mL	56	2	..	2137.36	35.40	Tobi	NV
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TOBRAMYCIN SULFATE

Restricted benefit

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

Septicaemia, suspected;

Septicaemia, proven.

1356J	Injection 80 mg (base) in 2 mL	10	1	..	*65.02	35.40	Hospira Pty Limited	HH
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Antiinfectives for systemic use

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	
8872Y NP	Injection 80 mg (base) in 2 mL (without preservative)	10	1	..	*65.02	35.40	Pfizer Australia Pty Ltd	PF

TOBRAMYCIN SULFATE

Restricted benefit

Systemic treatment of Pseudomonas aeruginosa infection in a patient with cystic fibrosis.

9480Y NP	Injection 500 mg (base) in 5 mL (without preservative)	10	1	..	357.37	35.40	Tobra-Day	PL
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Quinolone antibacterials

Fluoroquinolones

CIPROFLOXACIN

Authority required

Respiratory tract infection proven or suspected to be caused by Pseudomonas aeruginosa in severely immunocompromised patients;

Bacterial gastroenteritis in severely immunocompromised patients;

Treatment of infections proven to be due to Pseudomonas aeruginosa or other gram-negative bacteria resistant to all other oral antimicrobials;

Treatment of joint and bone infections, epididymo-orchitis, prostatitis or perichondritis of the pinna, suspected or proven to be caused by gram-negative bacteria or gram-positive bacteria resistant to all other appropriate antimicrobials;

Gonorrhoea.

1208N NP	Tablet 250 mg	14	..	..	17.23	18.32	^a C-Flox 250	AL
							^a Cifran	RA
							^a Ciprofloxacin-DRLA	RZ
							^a Ciprofloxacin Sandoz	SZ
							^a Ciprol 250	QA
							^a GenRx Ciprofloxacin	GX
							^a Profloxin	HX
				^B 0.79	18.02	18.32	^a Ciproxin 250	BN

CIPROFLOXACIN

Authority required

Respiratory tract infection proven or suspected to be caused by Pseudomonas aeruginosa in severely immunocompromised patients;

Bacterial gastroenteritis in severely immunocompromised patients;

Treatment of infections proven to be due to Pseudomonas aeruginosa or other gram-negative bacteria resistant to all other oral antimicrobials;

Treatment of joint and bone infections, epididymo-orchitis, prostatitis or perichondritis of the pinna, suspected or proven to be caused by gram-negative bacteria or gram-positive bacteria resistant to all other appropriate antimicrobials.

1209P NP	Tablet 500 mg	14	..	..	27.56	28.65	^a C-Flox 500	AL
							^a Cifran	RA
							^a Ciprofloxacin 500	CR
							^a Ciprofloxacin-BW	BF
							^a Ciprofloxacin-DRLA	RZ
							^a Ciprofloxacin-GA	GM
							^a Ciprofloxacin-PS	FZ
							^a Ciprofloxacin Sandoz	SZ
							^a Ciprol 500	QA
							^a GenRx Ciprofloxacin	GX
				^B 0.79	28.35	28.65	^a Ciproxin 500	BN
1210Q	Tablet 750 mg	14	..	..	38.28	35.40	^a C-Flox 750	AL

Antiinfectives for systemic use

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
NP							^a Cifran RA
							^a Ciprofloxacin 750 CR
							^a Ciprofloxacin-BW BF
							^a Ciprofloxacin-DRLA RZ
							^a Ciprofloxacin-GA GM
							^a Ciprofloxacin-PS FZ
							^a Ciprofloxacin Sandoz SZ
							^a Ciprol 750 QA
							^a GenRx GX
							^a Ciprofloxacin Ciproxin 750 BN
				^B 0.78	39.06	35.40	

NORFLOXACIN

Authority required

Acute bacterial enterocolitis;

Complicated urinary tract infection.

3010K NP	Tablet 400 mg	14	1	..	13.75	14.84	^a Chem mart CH
							^a Norfloxacin GX
							^a GenRx Norfloxacin GM
							^a Norfloxacin-GA SZ
							^a Norfloxacin Sandoz AF
							^a Nufloxib QA
							^a Roxin TW
							^a Terry White Chemists Norfloxacin MK
				^B 2.66	16.41	14.84	

Other antibacterials

Glycopeptide antibacterials

VANCOMYCIN

Restricted benefit

Prophylaxis of endocarditis in patients hypersensitive to penicillin.

2269K	Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity)	1	..	..	16.52	17.61	^a Hospira Pty Limited HH
							^a Vancomycin AF
							^a Alphapharm SZ
							^a Vancomycin Sandoz WQ
3130R	Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity)	2	..	..	*16.52	17.61	^a Vycin IV HH
							^a Hospira Pty Limited AS
							^a Vancocin CP AF
							^a Vancomycin Alphapharm SZ
							^a Vancomycin Sandoz WQ

VANCOMYCIN

Restricted benefit

Endophthalmitis;

Use initiated in a hospital for infections where vancomycin is an appropriate antibiotic.

Antiinfectives for systemic use

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
2270L	Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity)	3	..	..	*36.72	35.40 ^a	Hospira Pty Limited HH
						^a	Vancomycin AF
						^a	Alphapharm SZ
						^a	Vancomycin Sandoz
						^a	Vycin IV WQ
3131T	Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity)	5	..	..	*31.67	32.76 ^a	Hospira Pty Limited HH
						^a	Vancocin CP AS
						^a	Vancomycin AF
						^a	Alphapharm SZ
						^a	Vancomycin Sandoz
						^a	Vycin IV WQ

Steroid antibacterials

FUSIDIC ACID

Restricted benefit

For use in combination with another antibiotic in the treatment of proven serious staphylococcal infections.

2312Q	Tablet (sodium salt) 250 mg	36	1	..	90.89	35.40	Fucidin	CS
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Imidazole derivatives

METRONIDAZOLE

1636D NP	Tablet 200 mg	21	1	..	7.88	8.97 ^a	Metrogyl 200	AF
						^a	Metronide 200	AV
				^B 2.30	10.18	^a	Flagyl	SW
1642K NP	Suppositories 500 mg, 10	‡1	..	..	23.16	24.25	Flagyl	SW

METRONIDAZOLE

Restricted benefit

Treatment of anaerobic infections.

1621H NP	Tablet 400 mg	21	1	..	9.85	10.94 ^a	Metrogyl 400	AF
						^a	Metronide 400	AV
				^B 2.30	12.15	^a	Flagyl	SW

METRONIDAZOLE

Restricted benefit

Prophylaxis in large bowel surgery;

Treatment, in a hospital, of acute anaerobic sepsis.

1638F NP	I.V. infusion 500 mg in 100 mL	5	1	..	*30.67	31.76 ^a	Baxter Healthcare Pty Ltd	BX
				..	*31.70	32.79 ^a	DBL Metronidazole Intravenous Infusion	HH

METRONIDAZOLE BENZOATE

1630T NP	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	18.82	19.91	Flagyl S	SW
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TINIDAZOLE

1465D	Tablet 500 mg	4	10.79	11.88 ^a	Simplotan	FZ
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Antiinfectives for systemic use

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
<i>NP</i>				^B 2.42	13.21	11.88 ^a	Fasigyn PF

Nitrofurantoin derivatives

NITROFURANTOIN

Caution

Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.

1692C <i>NP, MW</i>	Capsule 50 mg	30	1	..	20.38	21.47	Macrochantin PF
1693D <i>NP, MW</i>	Capsule 100 mg	30	1	..	26.26	27.35	Macrochantin PF

Other antibacterials

HEXAMINE HIPPURATE

3124K <i>NP</i>	Tablet 1 g	100	5	..	43.25	35.40	Hiprex IA
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Antimycotics for systemic use

Antimycotics for systemic use

Imidazole derivatives

KETOCONAZOLE

Authority required (STREAMLINED)

3606

Symptomatic genital candidiasis recurring after treatment of at least 2 episodes with topical therapy.

Caution

Hepatotoxicity has been reported with ketoconazole.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1573T <i>NP</i>	Tablet 200 mg	10	19.79	20.88	Nizoral JC
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KETOCONAZOLE

Authority required (STREAMLINED)

3604

Oral candidiasis in severely immunocompromised persons where topical therapy has failed;

3605

Systemic or deep mycoses where other forms of therapy have failed.

Caution

Hepatotoxicity has been reported with ketoconazole.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1572R <i>NP</i>	Tablet 200 mg	30	5	..	42.17	35.40	Nizoral JC
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Triazole derivatives

FLUCONAZOLE

Authority required (STREAMLINED)

3615

Treatment of cryptococcal meningitis;

3616

Maintenance therapy in patients with cryptococcal meningitis and immunosuppression;

Antiinfectives for systemic use

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
	3613 Treatment of oropharyngeal candidiasis in immunosuppressed patients;						
	3614 Treatment of oesophageal candidiasis in immunosuppressed patients;						
	3617 Prophylaxis of oropharyngeal candidiasis in immunosuppressed patients;						
	3618 Treatment of serious and life-threatening candida infections.						
	Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.						
1471K NP	Capsule 50 mg	28	5	..	41.41	35.40	^a Diflucan PF
							^a Dizole 50 AF
							^a Fluconazole Sandoz SZ
							^a Fluzole 50 QA
							^a Ozole RA
1472L NP	Capsule 100 mg	28	5	..	71.75	35.40	^a Diflucan PF
							^a Dizole 100 AF
							^a Fluconazole Sandoz SZ
							^a Ozole RA
1473M NP	Solution for I.V. infusion 100 mg in 50 mL	7	..	..	*117.23	35.40	^a Diflucan PF
							^a Fluconazole-Clarix AE
							^a Fluconazole Hexal HX
							^a Fluconazole Sandoz SZ
1474N NP	Solution for I.V. infusion 200 mg in 100 mL	7	..	..	*213.97	35.40	^a Baxter Healthcare Pty Ltd BX
							^a Diflucan PF
							^a Fluconazole-Clarix AE
							^a Fluconazole Hexal HX
							^a Fluconazole Sandoz SZ
1475P NP	Capsule 200 mg	28	5	..	133.69	35.40	^a APO-Fluconazole TX
							^a Diflucan PF
							^a Dizole 200 AF
							^a Fluconazole Sandoz SZ
							^a Fluzole 200 QA
							^a Ozole RA
1757L NP	Solution for I.V. infusion 400 mg in 200 mL	1	..	..	53.53	35.40	Baxter Healthcare Pty Ltd BX

FLUCONAZOLE

Authority required

Treatment of cryptococcal meningitis in a patient unable to take a solid dose form of fluconazole;

Maintenance therapy in a patient with cryptococcal meningitis and immunosuppression unable to take a solid dose form of fluconazole;

Treatment of oropharyngeal candidiasis in an immunosuppressed patient unable to take a solid dose form of fluconazole;

Treatment of oesophageal candidiasis in an immunosuppressed patient unable to take a solid dose form of fluconazole;

Prophylaxis of oropharyngeal candidiasis in an immunosuppressed patient unable to take a solid dose form of fluconazole;

Treatment of serious and life-threatening candida infections in a patient unable to take a solid dose form of fluconazole.

Antiinfectives for systemic use

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	
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
5446P NP	Powder for oral suspension 50 mg in 5 mL, 35 mL	1	..	..	#57.85	35.40	Diflucan	PF
ITRACONAZOLE Authority required (STREAMLINED) 3607 Systemic aspergillosis; 3608 Systemic sporotrichosis; 3609 Systemic histoplasmosis; 3610 Treatment and maintenance therapy in patients with AIDS who have disseminated pulmonary histoplasmosis infection; 3612 Treatment and maintenance therapy in patients with AIDS who have chronic pulmonary histoplasmosis infection; 3613 Treatment of oropharyngeal candidiasis in immunosuppressed patients; 3614 Treatment of oesophageal candidiasis in immunosuppressed patients.								
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8196J NP	Capsule 100 mg	60	5	..	246.79	35.40	Sporanox	JC
POSACONAZOLE Authority required Treatment of invasive aspergillosis in patients intolerant to, or with disease refractory to, alternative therapy; Treatment of fusariosis, zygomycosis, coccidioidomycosis, chromoblastomycosis and mycetoma in patients intolerant to, or with disease refractory to, alternative therapy. Authority required Prophylaxis of invasive fungal infections, including both yeasts and moulds, in a patient who is at high risk of developing these infections, defined as follows: (1) Neutropenia Patients with anticipated neutropenia (an absolute neutrophil count of less than 500 cells per cubic millimetre) for at least 10 days, who are receiving chemotherapy for acute myelogenous leukaemia or myelodysplastic syndrome. Treatment should continue until recovery of the neutrophil count to at least 500 cells per cubic millimetre. Patients who have had a previous invasive fungal infection should have secondary prophylaxis during subsequent episodes of neutropenia. (2) Graft versus host disease (GVHD) Patients with acute GVHD grades II to IV or extensive chronic GVHD, who are receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant. No more than 6 months therapy per episode will be PBS-subsidised.								
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.								
9360P NP	Oral suspension 40 mg per mL, 105 mL	1	..	..	733.26	35.40	Noxafil	MK

Antiinfectives for systemic use

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	
VORICONAZOLE								
<u>Authority required</u>								
For the treatment and maintenance therapy of definite or probable invasive aspergillosis in immunocompromised patients;								
For the treatment and maintenance therapy of serious fungal infections caused by Scedosporium species or Fusarium species;								
For the treatment and maintenance therapy of serious Candida infections where:								
(a) the causative species is not susceptible to fluconazole; or								
(b) treatment with fluconazole has failed; or								
(c) treatment with fluconazole is not tolerated;								
For the treatment and maintenance therapy of other serious invasive mycosis.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
9363T NP	Tablet 50 mg	56	2	..	700.87	35.40	Vfend	PF
9364W NP	Tablet 200 mg	56	2	..	2631.08	35.40	Vfend	PF

VORICONAZOLE

Authority required

For the treatment and maintenance therapy of definite or probable invasive aspergillosis in immunocompromised patients;

For the treatment and maintenance therapy of serious fungal infections caused by *Scedosporium* species or *Fusarium* species;

For the treatment and maintenance therapy of serious *Candida* infections where:

(a) the causative species is not susceptible to fluconazole; or

(b) treatment with fluconazole has failed; or

(c) treatment with fluconazole is not tolerated;

For the treatment and maintenance therapy of other serious invasive mycosis.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

9452L NP	Powder for oral suspension 40 mg per mL, 70 mL	1	#703.45	35.40	Vfend	PF
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Antimycobacterials

Drugs for treatment of tuberculosis

Hydrazides

ISONIAZID

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1554T NP	Tablet 100 mg	100	2	..	21.49	22.58	Fawns and McAllan Proprietary Limited	FM
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Antiinfectives for systemic use

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	
Drugs for treatment of lepra								
<i>Drugs for treatment of lepra</i>								
DAPSONE								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1272Y NP	Tablet 100 mg	100	1	..	113.84	35.40	Link Medical Products Pty Ltd	LM
8801F NP	Tablet 25 mg	100	1	..	100.58	35.40	Link Medical Products Pty Ltd	LM
RIFAMPICIN								
<u>Authority required</u>								
Leprosy in adults.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1982H NP	Capsule 150 mg	100	..	..	49.88	35.40	Rimycin 150	AF
1983J NP	Capsule 300 mg	100	..	..	71.06	35.40	Rimycin 300	AF
RIFAMPICIN								
<u>Restricted benefit</u>								
Prophylaxis of meningococcal disease in close contacts and carriers;								
Prophylactic treatment of contacts of patients with Haemophilus influenzae type B.								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1981G NP	Capsule 150 mg	10	..	..	44.89	35.40	Rimycin 150	AF
1984K NP	Capsule 300 mg	10	..	..	25.15	26.24	Rimycin 300	AF
8025J NP	Syrup 100 mg per 5 mL, 60 mL	‡1	..	..	28.57	29.66	Rifadin	SW

Antivirals for systemic use

Direct acting antivirals

Nucleosides and nucleotides excl. reverse transcriptase inhibitors

ACICLOVIR

Authority required (STREAMLINED)

3632

Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is desirable but need not delay treatment.

Note

Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

1003T NP	Tablet 200 mg	50	..	..	66.38	35.40	^a GenRx Aciclovir	GX
				..	*66.40	35.40	^a Acihexal	SZ
							^a Acyclo-V 200	AF

Antiinfectives for systemic use

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
				^B 4.10	*70.50	35.40	^a Lovir GM
							^a Zovirax 200 mg GK

ACICLOVIR

Authority required (STREAMLINED)

3633

Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.

Note

Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

1007B NP	Tablet 200 mg	90	5	..	116.12	35.40	^a Aciclovir 200 CR
							^a Aciclovir GH GQ
							^a Acihexal SZ
							^a Acyclo-V 200 AF
							^a Chem mart CH
							^a Aciclovir GenRx Aciclovir GX
							^a Lovir GM
							^a Ozvir RA
							^a Terry White Chemists TW
				^B 3.06	119.18	35.40	^a Aciclovir Zovirax 200 mg GK

ACICLOVIR

Authority required (STREAMLINED)

3622

Treatment of patients with herpes zoster within 72 hours of the onset of the rash;

3631

Herpes zoster ophthalmicus.

Note

Aciclovir is effective only if commenced within 72 hours of onset of rash.

Aciclovir 800 mg is not PBS-subsidised for herpes simplex or chickenpox.

Note

No applications for repeats will be authorised.

1052J NP	Tablet 800 mg	35	..	..	139.32	35.40	^a Aciclovir 800 CR
							^a Acihexal SZ
							^a Acyclo-V 800 AF
							^a GenRx Aciclovir GX
				^B 1.49	140.81	35.40	^a Zovirax 800 mg GK

ACICLOVIR

Authority required (STREAMLINED)

3630

Patients with advanced HIV disease (CD4 cell counts of less than 150 million per litre).

8234J NP	Tablet 800 mg	120	5	..	425.23	35.40	^a Acihexal SZ
							^a Acyclo-V 800 AF

Antiinfectives for systemic use

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
FAMCICLOVIR <u>Authority required (STREAMLINED)</u> 3624 Episodic treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment. <u>Note</u> Famciclovir 125 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.							
8092X NP	Tablet 125 mg	40	1	..	131.88	35.40 ^a	APO-Famciclovir TX
						^a Ezovir	AF
						^a Famvir	NV
						^a Favic 125	QA
FAMCICLOVIR <u>Authority required (STREAMLINED)</u> 3624 Episodic treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment. <u>Note</u> Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.							
2274Q NP	Tablet 250 mg	20	1	..	131.88	35.40 ^a	APO-Famciclovir TX
						^a Ezovir	AF
						^a Famciclovir Sandoz	SZ
						^a Famvir	NV
						^a Favic 250	QA
FAMCICLOVIR <u>Authority required (STREAMLINED)</u> 3622 Treatment of patients with herpes zoster within 72 hours of the onset of the rash. <u>Note</u> Famciclovir is effective only if commenced within 72 hours of onset of rash. Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.							
8002E NP	Tablet 250 mg	21	..	..	138.16	35.40 ^a	APO-Famciclovir TX
						^a Ezovir	AF
						^a Famciclovir Sandoz	SZ
						^a Famvir	NV
						^a Favic 250	QA
FAMCICLOVIR <u>Authority required (STREAMLINED)</u> 3623 Suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment. <u>Note</u> Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.							
8217L NP	Tablet 250 mg	56	5	..	343.76	35.40 ^a	APO-Famciclovir TX

Antiinfectives for systemic use

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	Ezovir AF
						^a	Famciclovir Sandoz SZ
						^a	Famvir NV
						^a	Favic 250 QA

FAMCICLOVIR

Authority required (STREAMLINED)

3625

Treatment of immunocompromised patients with herpes zoster within 72 hours of the onset of the rash.

Note

Famciclovir is effective only if commenced within 72 hours of onset of rash.

Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Note

No applications for repeats will be authorised.

8897G NP	Tablet 500 mg	30	..	..	194.60	35.40	^a	APO-Famciclovir TX
							^a	Chem mart CH
							^a	Famciclovir
							^a	Famvir NV
							^a	Favic 500 QA
							^a	Terry White Chemists TW
								Famciclovir

FAMCICLOVIR

Authority required (STREAMLINED)

3626

Episodic treatment or suppressive therapy of moderate to severe recurrent genital herpes in immunocompromised patients. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.

Authority required (STREAMLINED)

3627

Episodic treatment of moderate to severe recurrent oral or labial herpes in a patient with HIV infection and a CD4 cell count of less than 500 million per litre. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.

Authority required (STREAMLINED)

3628

Suppressive therapy of moderate to severe recurrent oral or labial herpes in a patient with HIV infection and a CD4 cell count of less than 150 million per litre. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment;

3629

Suppressive therapy of moderate to severe recurrent oral or labial herpes in a patient with HIV infection and other opportunistic infections or AIDS defining tumours. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.

Note

Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

8896F NP	Tablet 500 mg	56	5	..	343.76	35.40	^a	APO-Famciclovir TX
							^a	Chem mart CH
								Famciclovir
							^a	Ezovir AF
							^a	Famvir NV
							^a	Favic 500 QA
							^a	Terry White Chemists TW

Antiinfectives for systemic use

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	
							Famciclovir	

VALACICLOVIR

Authority required (STREAMLINED)

3632

Moderate to severe initial genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is desirable but need not delay treatment.

Note

Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8133C NP	Tablet 500 mg (as hydrochloride)	20	..	..	*105.78	35.40	^a	APO-Valaciclovir	TX
							^a	Chem mart	CH
							^a	Valaciclovir	
							^a	Terry White	TW
								Chemists	
								Valaciclovir	
							^a	Vaclovir	AF
							^a	Valaciclovir GA	GN
							^a	Valaciclovir Sandoz	SZ
							^a	Valnir	QA
							^a	Valtrex	GK
							^a	Valvala	NV
							^a	Zelitrex	GM

VALACICLOVIR

Authority required (STREAMLINED)

3624

Episodic treatment of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.

Note

Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

8134D NP	Tablet 500 mg (as hydrochloride)	30	5	..	155.43	35.40	^a	APO-Valaciclovir	TX
							^a	Chem mart	CH
								Valaciclovir	
							^a	Terry White	TW
								Chemists	
								Valaciclovir	
							^a	Vaclovir	AF
							^a	Valaciclovir Actavis	TA
								500	
							^a	Valaciclovir GA	GN
							^a	Valaciclovir	GQ
								generichealth	
							^a	Valaciclovir RBX	RA
							^a	Valaciclovir Sandoz	SZ
							^a	Valaciclovir SZ	HX
							^a	Valacor 500	QR
							^a	Valnir	QA
							^a	Valtrex	GK
							^a	Valvala	NV
							^a	Zelitrex	GM

Antiinfectives for systemic use

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
VALACICLOVIR								
<u>Authority required (STREAMLINED)</u>								
3623								
Suppressive therapy of moderate to severe recurrent genital herpes. Microbiological confirmation of diagnosis (viral culture, antigen detection or nucleic acid amplification by PCR) is required but need not delay treatment.								
<u>Note</u>								
Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.								
5480K <i>NP</i>	Tablet 500 mg (as hydrochloride)	30	5	..	155.43	35.40	^a	APO-Valaciclovir TX
							^a	Chem mart CH
							^a	Valaciclovir TW
							^a	Terry White Chemists Valaciclovir AF
							^a	Vaclovir TA
							^a	Valaciclovir Actavis 500 GN
							^a	Valaciclovir GA GQ
							^a	Valaciclovir generichealth RA
							^a	Valaciclovir RBX HX
							^a	Valaciclovir SZ QR
							^a	Valacor 500 QA
							^a	Valnir GK
							^a	Valtrex GM
							^a	Zelitrex
<hr/>								
VALACICLOVIR								
<u>Authority required (STREAMLINED)</u>								
3622								
Treatment of patients with herpes zoster within 72 hours of the onset of the rash;								
3631								
Herpes zoster ophthalmicus.								
<u>Note</u>								
Valaciclovir is effective only if commenced within 72 hours of onset of rash.								
Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.								
<u>Note</u>								
No applications for repeats will be authorised.								
8064K <i>NP</i>	Tablet 500 mg (as hydrochloride)	42	..	..	214.06	35.40	^a	APO-Valaciclovir TX
							^a	Chem mart CH
							^a	Valaciclovir TW
							^a	Terry White Chemists Valaciclovir AF
							^a	Vaclovir TA
							^a	Valaciclovir Actavis 500 GN
							^a	Valaciclovir GA GQ
							^a	Valaciclovir generichealth RA
							^a	Valaciclovir RBX SZ
							^a	Valaciclovir Sandoz QR
							^a	Valacor 500 QA
							^a	Valnir GK
							^a	Valtrex NV
							^a	Valvala

Antiinfectives for systemic use

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	
							Zelitex GM

Vaccines

Bacterial vaccines

Pneumococcal vaccines

PNEUMOCOCCAL VACCINE, POLYVALENT

Restricted benefit

Splenectomised persons over 2 years of age;

Persons with Hodgkin's disease;

Persons at high risk of pneumococcal infections.

1903E <i>NP</i>	Injection 0.5 mL (23 valent)	1	46.13	35.40	Pneumovax 23	CS
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Tetanus vaccines

DIPHTHERIA and TETANUS VACCINE, ADSORBED, DILUTED FOR ADULT USE

Note

For immunisation of adults and children aged greater than or equal to 8 years.

8783G <i>NP</i>	Injection 0.5 mL in pre-filled syringe	5	75.34	35.40	ADT Booster	CS
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Antineoplastic and immunomodulating agents

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	
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Antineoplastic and immunomodulating agents

Antineoplastic agents

Alkylating agents

Nitrogen mustard analogues

1163F	CHLORAMBUCIL Tablet 2 mg	100	2	..	*137.98	35.40	Leukeran	AS
1266P	CYCLOPHOSPHAMIDE Tablet 50 mg	50	2	..	31.29	32.38	Cycloblastin	PF
2547C	MELPHALAN Tablet 2 mg	25	1	..	50.88	35.40	Alkeran	AS

Alkyl sulphonates

1128J	BUSULFAN Tablet 2 mg	100	86.26	35.40	Myleran	AS
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Nitrosoureas

CARMUSTINE

Restricted benefit

Glioblastoma multiforme, suspected or confirmed, at the time of initial surgery.

Note

Carmustine is not PBS-subsidised for use in conjunction with PBS-subsidised temozolomide.

8898H	Implants 7.7 mg, 8	1	17539.32	35.40	Gliadel	OA
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Other alkylating agents

TEMOZOLOMIDE

Authority required

Glioblastoma multiforme concomitantly with radiotherapy.

Note

Temozolomide is not PBS-subsidised for use in conjunction with PBS-subsidised carmustine.

Note

No applications for increased repeats will be authorised.

8819E	Capsule 5 mg	15	2	..	*176.10	35.40	^a Astromide ^a Temizole 5 ^a Temodal	WQ QA MK
8820F	Capsule 20 mg	15	2	..	*478.08	35.40	^a Astromide ^a Temizole 20 ^a Temodal	WQ QA MK
8821G	Capsule 100 mg	15	2	..	*2019.24	35.40	^a Astromide ^a Temizole 100 ^a Temodal	WQ QA MK
9361Q	Capsule 140 mg	15	2	..	*2755.74	35.40	^a Astromide ^a Temizole 140 ^a Temodal	WQ QA MK

Antineoplastic and immunomodulating agents

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
TEMOZOLOMIDE							
<u>Authority required</u>							
Recurrence of anaplastic astrocytoma following standard therapy;							
Recurrence of glioblastoma multiforme following standard therapy;							
Glioblastoma multiforme following radiotherapy.							
8378Y	Capsule 5 mg	5	5	..	62.98	35.40	^a Astromide WQ ^a Temizole 5 QA ^a Temodal MK
8379B	Capsule 20 mg	5	5	..	172.71	35.40	^a Astromide WQ ^a Temizole 20 QA ^a Temodal MK
8380C	Capsule 100 mg	5	5	..	679.93	35.40	^a Astromide WQ ^a Temizole 100 QA ^a Temodal MK
8381D	Capsule 250 mg	5	5	..	1567.45	35.40	^a Astromide WQ ^a Temizole 250 QA ^a Temodal MK
9362R	Capsule 140 mg	5	5	..	935.25	35.40	^a Astromide WQ ^a Temizole 140 QA ^a Temodal MK

Antimetabolites

Folic acid analogues

METHOTREXATE							
1622J	Tablet 2.5 mg	30	5	..	13.12	14.21	^a Hospira Pty Limited HH ^a Methoblastin PF
2272N	Tablet 10 mg	15	3	..	21.84	22.93	Methoblastin PF
2395C	Injection 50 mg in 2 mL	5	5	..	29.64	30.73	^a Hospira Pty Limited HH ^a Pfizer Australia Pty PF Ltd
2396D	Injection 5 mg in 2 mL	5	..	..	*29.67 30.19	30.76 31.28	^a Methaccord WQ Hospira Pty Limited HH

METHOTREXATE

Restricted benefit

For patients requiring doses greater than 20 mg per week.

1623K	Tablet 10 mg	50	2	..	45.28	35.40	Methoblastin PF
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Purine analogues

FLUDARABINE PHOSPHATE

Authority required

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 5,000 million lymphocytes per L in the peripheral blood; and
(b) a clonal population of B-cells (CD5/CD19) documented by flow cytometry.

9184J	Tablet 10 mg	20	5	..	936.70	35.40	Fludara GZ
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Antineoplastic and immunomodulating agents

					Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium			Brand Name and Manufacturer	
1598D	MERCAPTOPURINE Tablet 50 mg	100	2	..	*251.94	35.40	Purinethol	AS
1233X	THIOGUANINE Tablet 40 mg	25	1	..	198.66	35.40	Lanvis	AS

Pyrimidine analogues

CAPECITABINE

Authority required

Advanced breast cancer after failure of prior therapy which includes a taxane and an anthracycline;

Advanced breast cancer where therapy with a taxane and/or an anthracycline is contraindicated;

Advanced breast cancer in combination with docetaxel after failure of prior anthracycline-containing chemotherapy;

Treatment of advanced or metastatic colorectal cancer;

Adjuvant treatment of stage III (Dukes C) colon cancer, following complete resection of the primary tumour either as:

(a) monotherapy; or

(b) in combination with oxaliplatin;

Advanced (Stage III or IV) oesophago-gastric cancer, previously untreated, in combination with a cisplatin-based regimen, in a patient with a WHO performance status of 2 or less.

Note

In the adjuvant setting, the recommended treatment duration is 24 weeks.

Capecitabine is not PBS-subsidised for the treatment of patients with stage II (Dukes B) colon cancer.

Capecitabine is not PBS-subsidised for the adjuvant treatment of patients with rectal cancer.

8361C	Tablet 150 mg	60	2	..	123.93	35.40	Xeloda	RO
8362D	Tablet 500 mg	120	2	..	695.17	35.40	Xeloda	RO

Plant alkaloids and other natural products

Vinca alkaloids and analogues

VINORELBINE

Authority required

Locally advanced or metastatic non-small cell lung cancer.

9009E	Capsule 20 mg (as tartrate)	20	2	..	*1973.02	35.40	Navelbine	FB
9010F	Capsule 30 mg (as tartrate)	16	2	..	*2340.02	35.40	Navelbine	FB

Podophyllotoxin derivatives

ETOPOSIDE

1389D	Capsule 100 mg	10	..	..	390.73	35.40	Vepesid	BQ
1396L	Capsule 50 mg	20	..	..	444.94	35.40	Vepesid	BQ

Cytotoxic antibiotics and related substances

Anthracyclines and related substances

IDARUBICIN HYDROCHLORIDE

Restricted benefit

Acute myelogenous leukaemia.

2446R	Capsule 5 mg	3	..	..	*247.11	35.40	Zavedos	PF
2448W	Capsule 10 mg	3	..	..	*451.62	35.40	Zavedos	PF

Other antineoplastic agents

Protein kinase inhibitors

DASATINIB

Note

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

Antineoplastic and immunomodulating agents

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

Applications for authority to prescribe dasatinib should be forwarded to:

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

Authority required

Initial treatment, as the sole PBS-subsidised therapy, of a patient with chronic myeloid leukaemia in any disease phase who has failed an adequate trial of imatinib or nilotinib as first-line treatment.

Failure of an adequate trial of imatinib or nilotinib is defined as:

- (i) Lack of response to initial imatinib or nilotinib therapy, defined as either:
 - failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or nilotinib for patients initially treated in chronic phase; or
 - failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or nilotinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or
 - failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or nilotinib; OR
- (ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or nilotinib therapy; OR
- (iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or nilotinib therapy; OR
- (iv) Development of accelerated phase or blast crisis in a patient previously prescribed imatinib or nilotinib for any phase of chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

- (1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or
- (2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or
- (3) Peripheral basophils greater than or equal to 20%; or
- (4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or
- (5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome); OR

Blast crisis is defined as either:

- (1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or
- (2) Extramedullary involvement other than spleen and liver; OR
- (v) Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during first-line imatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.

Patients should be commenced on a dose of dasatinib of at least 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to dasatinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

Applications for authorisation must be in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Chronic Myeloid Leukaemia - Second and Third Line - Supporting Information Form; and
- (c) a signed patient acknowledgement; and
- (d) a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale. (The date of the relevant pathology report needs to be provided); and
- (e) where there has been a loss of response to imatinib or nilotinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

Authority required

Continuing treatment, as the sole PBS-subsidised therapy, of a patient who has received initial PBS-subsidised treatment with dasatinib for chronic myeloid leukaemia, and who has demonstrated either a major cytogenetic response, or less than 1% BCR-ABL level in the blood, to dasatinib in the preceding 18 months and thereafter at 12 monthly intervals.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and

Antineoplastic and immunomodulating agents

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
	(2) a completed Chronic Myeloid Leukaemia - Second and Third Line - Application Form for continuing treatment; and (3) demonstration of continued response to treatment as evidenced by either: (a) major cytogenetic response [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report needs to be provided; or (b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report needs to be provided.						
	Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib. Imatinib mesylate is not approved for use in second or third line treatment.						
	Patients are eligible for PBS-subsidised treatment with only one of dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent.						
	Nilotinib is not approved for patients in blast crisis.						
	1. Initial second line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy.						
	During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.						
	2. Initial third line treatment Third-line treatment with a TKI can only be approved when imatinib is used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.						
	From 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib providing the patient did not fail that drug as first or second line therapy and for nilotinib the patient is not in blast crisis.						
	3. Continuing treatment for second and third line treatment All continuing applications are to be written and must include a pathology report demonstrating the patient has responded to PBS-subsidised treatment as follows: (i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and (ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.						
	During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.						
	4. Authority approval requirements. Response criteria to initial treatment with dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).						
	5. Definitions of response. A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.						
	6. Definitions of loss of response. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.						
2478K	Tablet 20 mg	60	5	..	3095.45	35.40	Sprycel BQ
2482P	Tablet 50 mg	60	5	..	5003.80	35.40	Sprycel BQ
2485T	Tablet 70 mg	60	5	..	6160.19	35.40	Sprycel BQ
9342Q	Tablet 100 mg	30	5	..	5003.80	35.40	Sprycel BQ

Antineoplastic and immunomodulating agents

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

DASATINIB

Note

Any queries concerning the arrangements to prescribe dasatinib 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 dasatinib should be forwarded to:

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

Authority required

Initial treatment, as the sole PBS-subsidised therapy, of a patient in the chronic phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, BCR-ABL tyrosine kinase, and who has a primary diagnosis of chronic myeloid leukaemia.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of dasatinib of at least 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to dasatinib therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Chronic Myeloid Leukaemia - Chronic Phase, First Line - Supporting Information form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow; and
- (4) a signed patient acknowledgement form.

Authority required

Continuing treatment, as the sole PBS-subsidised therapy, of a patient who has received initial PBS-subsidised treatment with dasatinib for the chronic phase of chronic myeloid leukaemia and who has demonstrated either a major cytogenetic response or less than 1% BCR-ABL level in the blood.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) demonstration of continued response to treatment as evidenced by either:
 - (a) major cytogenetic response [see Note explaining requirements]. Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided; or
 - (b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements]. Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided.

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesylate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial treatment - imatinib mesylate, dasatinib and nilotinib

From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesylate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.

During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure of response.

2. Continuing treatment with imatinib mesylate - first-line

First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.

Second and subsequent authority applications for continuing therapy with imatinib mesylate may be made on the telephone by contacting Medicare Australia on 1800 700 720 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Patients must maintain a major cytogenetic response or have

Antineoplastic and immunomodulating agents

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 peripheral blood BCR-ABL of less than 1% to receive continuing therapy.								
<p>3. Continuing treatment with dasatinib or nilotinib - first-line</p> <p>All continuing applications are to be written and must include a pathology report demonstrating the patient has responded to PBS-subsidised treatment as follows:</p> <p>(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and</p> <p>(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.</p> <p>4. For imatinib mesylate, dasatinib and nilotinib</p> <p>During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of second-line agents.</p> <p>Where a patient has previously received PBS-subsidised treatment with imatinib mesylate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.</p> <p>5. Authority approval requirements.</p> <p>Response criteria to initial treatment with imatinib mesylate, dasatinib or nilotinib:</p> <p>For the purposes of assessing response to PBS-subsidised treatment with imatinib mesylate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with imatinib mesylate, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).</p> <p>6. Definitions of response.</p> <p>A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.</p> <p>A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.</p> <p>7. Definitions of loss of response.</p> <p>Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.</p> <p>Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.</p>								
1354G	Tablet 20 mg	60	5	..	3095.45	35.40	Sprycel	BQ
1381Q	Tablet 50 mg	60	5	..	5003.80	35.40	Sprycel	BQ
1415L	Tablet 70 mg	60	5	..	6160.19	35.40	Sprycel	BQ
1416M	Tablet 100 mg	30	5	..	5003.80	35.40	Sprycel	BO

DASATINIB

Note

Any queries concerning the arrangements to prescribe dasatinib 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 dasatinib should be forwarded to:

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

Authority required

Initial treatment, as monotherapy, of a patient with acute lymphoblastic leukaemia (ALL) bearing the Philadelphia chromosome or expressing the transcript, BCR-ABL, who has failed treatment with chemotherapy AND imatinib and where appropriate, allogeneic haemopoietic stem cell transplantation.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Failure of treatment is defined as either:

- (i) Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy and imatinib;
- (ii) Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy and imatinib;
- (iii) Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

The first authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and
- (c) a signed patient acknowledgement; and
- (d) a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided.

Authority required

Initial treatment, as monotherapy, of a patient with acute lymphoblastic leukaemia bearing the Philadelphia chromosome or expressing the transcript, BCR-ABL, who has been treated prior to 1 December 2007 and has failed treatment with chemotherapy and where appropriate, allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

The first authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and
- (c) a signed patient acknowledgement; and
- (d) a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided.

Authority required

Continuing treatment, as monotherapy, of a patient with acute lymphoblastic leukaemia bearing the Philadelphia chromosome or expressing the transcript, BCR-ABL, where the patient has previously been issued with an authority prescription for dasatinib and does not have progressive disease.

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).

Note

Dasatinib will only be subsidised for patients with acute lymphoblastic leukaemia who are not receiving concomitant PBS-subsidised imatinib mesylate and who are not appropriate for an allogeneic haemopoietic stem cell transplant.

Note

No applications for increased repeats will be authorised.

9125G	Tablet 20 mg	60	2	..	3095.45	35.40	Sprycel	BQ
9126H	Tablet 50 mg	60	2	..	5003.80	35.40	Sprycel	BQ
9127J	Tablet 70 mg	60	2	..	6160.19	35.40	Sprycel	BQ
9343R	Tablet 100 mg	30	2	..	5003.80	35.40	Sprycel	BQ

ERLOTINIB

Authority required

Initial PBS-subsidised treatment, as monotherapy, in a patient with locally advanced or metastatic (stage IIIB or IV) non-small cell lung cancer with a WHO performance status of 3 or less, after prior treatment with platinum-based chemotherapy, where:

- (1) (a) disease progression has occurred following treatment with docetaxel or pemetrexed; or
- (b) treatment with docetaxel and pemetrexed is either contraindicated or cannot be tolerated; and
- (2) further cytotoxic chemotherapy is not appropriate.

Authority required

Continuing PBS-subsidised treatment, as monotherapy, in a patient with locally advanced or metastatic (stage IIIB or IV) non-small cell lung cancer who has previously been issued with an authority prescription for this drug and who does not have progressive disease.

Note

Special Pricing Arrangements apply.

9166K	Tablet 25 mg (as hydrochloride)	30	3	..	794.19	35.40	Tarceva	RO
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Antineoplastic and immunomodulating agents

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	
9167L	Tablet 100 mg (as hydrochloride)	30	3	..	2703.34	35.40	Tarceva	RO
9168M	Tablet 150 mg (as hydrochloride)	30	3	..	3309.66	35.40	Tarceva	RO

GEFITINIB

Note

Any queries concerning the arrangements to prescribe gefitinib may be directed to Medicare Australia on 1800 700 270.

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

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

Authority required

Initial PBS-subsidised treatment, as monotherapy, of locally advanced or metastatic non-small cell lung cancer in patients with a WHO performance status of 2 or less, where:

- (1) disease progression has occurred following treatment with at least 1 chemotherapy agent; and
- (2) there is evidence that the patient has an activating mutation(s) of the epidermal growth factor receptor (EGFR) gene in tumour material.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Gefitinib (Iressa) PBS Authority Application for Use in the Treatment of Locally Advanced or Metastatic Non-Small Cell Lung Cancer - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) details of the prior chemotherapy including the name(s) of drug(s) and date of the most recent treatment cycle; and
- (4) details of the patient's WHO performance status; and
- (5) a copy of the pathology report providing evidence of the presence of activating mutation(s) of the EGFR gene from an Approved Pathology Authority.

Authority required

Continuing PBS-subsidised treatment, as monotherapy, of locally advanced or metastatic non-small cell lung cancer in patients with a WHO performance status of 2 or less, where the patient has previously been issued with an authority prescription for gefitinib.

Applications for continuing treatment may be made in writing or on the telephone by contacting Medicare Australia on 1800 700 270.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8769M	Tablet 250 mg	30	1	..	3851.36	35.40	Iressa	AP
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IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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.

Written applications for authority to prescribe imatinib mesylate should be forwarded to:

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

For the following diseases, written authority is required at initiation and for continuation:

Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

Authority required

Initial treatment, as the sole PBS-subsidised therapy, of a patient in the chronic phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, BCR-ABL tyrosine kinase, and who has a primary diagnosis of chronic myeloid leukaemia.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib

Antineoplastic and immunomodulating agents

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
					\$	\$	

from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of imatinib mesylate of 400 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to imatinib mesylate therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Chronic Myeloid Leukaemia - Chronic Phase, First Line - Supporting Information form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow; and
- (4) a signed patient acknowledgement form.

Authority required

Continuing treatment, as the sole PBS-subsidised therapy, of a patient who has received initial PBS-subsidised treatment with imatinib mesylate for the chronic phase of chronic myeloid leukaemia and who has demonstrated either a major cytogenetic response or less than 1% BCR-ABL level in the blood.

First continuing applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) demonstration of a response to treatment as evidenced by either:
 - (a) major cytogenetic response [see Note explaining requirements]; or
 - (b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements].

Second and subsequent authority applications for continuing therapy with imatinib mesylate may be made on the telephone by contacting Medicare Australia on 1800 700 720 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesylate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial treatment - imatinib mesylate, dasatinib and nilotinib

From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesylate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.

During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure of response.

2. Continuing treatment with imatinib mesylate - first-line

First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.

Second and subsequent authority applications for continuing therapy with imatinib mesylate may be made on the telephone by contacting Medicare Australia on 1800 700 720 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.

3. Continuing treatment with dasatinib or nilotinib - first-line

All continuing applications are to be written and must include a pathology report demonstrating the patient has responded to PBS-subsidised treatment as follows:

- (i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and
- (ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.

4. For imatinib mesylate, dasatinib and nilotinib

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of second-line agents.

Where a patient has previously received PBS-subsidised treatment with imatinib mesylate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.

5. Authority approval requirements.

Response criteria to initial treatment with imatinib mesylate, dasatinib or nilotinib:

Antineoplastic and immunomodulating agents

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
<p>For the purposes of assessing response to PBS-subsidised treatment with imatinib mesylate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9:22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with imatinib mesylate, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).</p> <p>6. Definitions of response.</p> <p>A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.</p> <p>A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.</p> <p>7. Definitions of loss of response.</p> <p>Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.</p> <p>Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.</p>							
9113P	Tablet 100 mg (as mesylate)	60	5	..	2004.98	35.40	Glivec NV
9114Q	Tablet 400 mg (as mesylate)	30	5	..	3863.60	35.40	Glivec NV

IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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.

Written applications for authority to prescribe imatinib mesylate should be forwarded to:

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

For the following diseases, written authority is required at initiation and for continuation:

Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

Authority required

Treatment of patients in the accelerated phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, and who have a primary diagnosis of chronic myeloid leukaemia. Progress to the accelerated phase is defined by the presence of 1 or more of the following:

- (1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or
- (2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%; or
- (3) Peripheral basophils greater than or equal to 20%; or
- (4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or
- (5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Applications for authorisation must be in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and
- (c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criteria (1), (2), (3) and (5) above, or details of the dates of assessments in the case of progressive splenomegaly.

Authority required

Treatment of patients in the blast phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, and who have a primary diagnosis of chronic myeloid leukaemia. Progress to myeloid blast crisis is defined as either:

Antineoplastic and immunomodulating agents

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
					\$	\$	
(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or (2) Extramedullary involvement other than spleen and liver.							
Applications for authorisation must be in writing and must include:							
(a) a completed authority prescription form; and							
(b) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Chronic Myeloid Leukaemia - Supporting Information form, stating which of the above criteria are satisfied by the patient; and							
(c) a copy of the confirming pathology report from an Approved Pathology Authority in the case of criterion (1) above, or details of the date of assessment in the case of extramedullary involvement.							
<u>Authority required</u>							
Continuing treatment of patients with chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, bcr-abl tyrosine kinase, where the patient has previously received PBS-subsidised treatment with imatinib mesylate of:							
(i) the accelerated phase of chronic myeloid leukaemia; or							
(ii) the blast phase of chronic myeloid leukaemia.							
<u>Note</u>							
No applications for increased repeats will be authorised.							
9115R	Tablet 100 mg (as mesylate)	60	2	..	2004.98	35.40	Glivec NV
9116T	Tablet 400 mg (as mesylate)	30	2	..	3863.60	35.40	Glivec NV

IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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.

Written applications for authority to prescribe imatinib mesylate should be forwarded to:

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

For the following diseases, written authority is required at initiation and for continuation:

Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

Authority required

Initial treatment in combination with chemotherapy as induction or consolidation of a newly diagnosed patient with acute lymphoblastic leukaemia (ALL) bearing the Philadelphia chromosome or expressing the transcript, BCR-ABL.

The first authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Acute Lymphoblastic Leukaemia Imatinib PBS Authority Application - Supporting Information Form; and
- (c) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia to confirm eligibility for treatment, with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow. (The date of the relevant pathology report needs to be provided); and
- (d) a signed patient acknowledgement.

Authority required

Initial treatment of a patient with acute lymphoblastic leukaemia bearing the Philadelphia chromosome or expressing the transcript BCR-ABL who was previously treated with imatinib mesylate under the Imatinib Compassionate Program and who meets all the PBS criteria.

The first authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Acute Lymphoblastic Leukaemia Imatinib PBS Authority Application - Supporting Information Form; and
- (c) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia to confirm eligibility for treatment, with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow. (The date of the relevant pathology report needs to be provided);

Antineoplastic and immunomodulating agents

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
	and (d) a signed patient acknowledgement.						
	Authority required Continuing treatment in combination with chemotherapy as maintenance of first complete remission of patients with acute lymphoblastic leukaemia bearing the Philadelphia chromosome or expressing the transcript, BCR-ABL.						
	Authority applications for continuing treatment may be made by telephone to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).						
	Imatinib mesylate is available with a lifetime maximum of 24 months for continuing treatment with imatinib mesylate therapy for patients with acute lymphoblastic leukaemia reimbursed through the PBS.						
	Any queries concerning the arrangements to prescribe imatinib mesylate beyond 24 months may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).						
	Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.						
	Note No applications for increased repeats will be authorised.						
9123E	Tablet 100 mg (as mesylate)	60	2	..	2004.98	35.40	Glivec NV
9124F	Tablet 400 mg (as mesylate)	30	2	..	3863.60	35.40	Glivec NV

IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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.

Written applications for authority to prescribe imatinib mesylate should be forwarded to:

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

For the following diseases, written authority is required at initiation and for continuation:

Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

Authority required

Initial PBS-subsidised treatment of a patient with unresectable, locally recurrent or metastatic dermatofibrosarcoma protuberans.

Maximum dose: 800 mg per day.

- (1) Where the application for authority to prescribe is being sought on the basis of unresectable tumour, written evidence in support of that claim must be provided; and
- (2) Where the application for authority to prescribe is being sought on the basis of locally recurrent disease, the site of the local recurrence must be specified; and
- (3) Where the application for authority to prescribe is being sought on the basis of metastatic disease, the site(s) of metastatic disease must be provided.

Applications for authorisation for initial treatment must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and
- (c) a signed patient acknowledgement.

Authority required

Continuing PBS-subsidised treatment of a patient with unresectable, locally recurrent or metastatic dermatofibrosarcoma protuberans who has previously been issued with an authority prescription for imatinib and who has demonstrated a response, but whose disease remains unresectable.

Antineoplastic and immunomodulating agents

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
	Maximum dose: 800 mg per day.						
	Applications for authorisation must be made in writing and must include:						
	(a) a completed authority prescription form; and						
	(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and						
	(c) a statement that the disease has not progressed on imatinib therapy.						
	<u>Note</u>						
	No applications for increased repeats will be authorised.						
9172R	Tablet 100 mg (as mesylate)	60	2	..	2004.98	35.40	Glivec NV
9173T	Tablet 400 mg (as mesylate)	30	2	..	3863.60	35.40	Glivec NV

IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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.

Written applications for authority to prescribe imatinib mesylate should be forwarded to:

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

For the following diseases, written authority is required at initiation and for continuation:

Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

Authority required

Initial PBS-subsidised treatment of a patient with hypereosinophilic syndrome or chronic eosinophilic leukaemia requiring treatment and confirmed to carry the FIP1L1-PDGFR fusion gene.

Maximum dose: 400 mg per day.

Applications for authorisation for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and
(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and
(c) a copy of the pathology report confirming the presence of the FIP1L1-PDGFR fusion gene; and
(d) a copy of the full blood examination report confirming the presence of hypereosinophilic syndrome or chronic eosinophilic leukaemia; and
(e) details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate; and
(f) a signed patient acknowledgement.

Authority required

Continuing PBS-subsidised treatment of a patient with hypereosinophilic syndrome or chronic eosinophilic leukaemia who has previously been issued with an authority prescription for imatinib and who has achieved and maintained a complete haematological response.

Maximum dose: 400 mg per day.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and
(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and
(c) a copy of the full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count; and
(d) a statement that the disease has not progressed on imatinib therapy.

Note

No applications for increased repeats will be authorised.

9174W	Tablet 100 mg (as mesylate)	60	2	..	2004.98	35.40	Glivec NV
9175X	Tablet 400 mg (as mesylate)	30	2	..	3863.60	35.40	Glivec NV

Antineoplastic and immunomodulating agents

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	
IMATINIB								
<u>Note</u>								
Any queries concerning the arrangements to prescribe imatinib mesylate 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 .								
Written applications for authority to prescribe imatinib mesylate should be forwarded to:								
Medicare Australia Prior Written Approval of Specialised Drugs Reply Paid 9826 GPO Box 9826 HOBART TAS 7001								
For the following diseases, written authority is required at initiation and for continuation: Dermatofibrosarcoma protuberans; Hypereosinophilic syndrome; Chronic eosinophilic leukaemia; Myelodysplastic or myeloproliferative disorder; Aggressive systemic mastocytosis with eosinophilia.								
<u>Authority required</u>								
Initial PBS-subsidised treatment of a patient with a myelodysplastic or myeloproliferative disorder where:								
(1) there is confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement either by standard karyotyping, or FISH or PDGFRB fusion gene transcript; and								
(2) the patient has previously failed an adequate trial of one or more of the following conventional therapies:								
— cytarabine;								
— etoposide;								
— hydroxyurea.								
Maximum dose: 400 mg per day.								
Applications for authorisation for initial treatment must be made in writing and must include:								
(a) a completed authority prescription form; and								
(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and								
(c) a copy of the pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement; and								
(d) a copy of the bone marrow biopsy report which demonstrates the presence of a myelodysplastic or myeloproliferative disorder; and								
(e) details of the prior therapy trialled and the response; and								
(f) a signed patient acknowledgement.								
<u>Authority required</u>								
Continuing PBS-subsidised treatment of a patient with a PDGFRB fusion gene-positive myelodysplastic or myeloproliferative disorder who has previously been issued with an authority prescription for imatinib and who has demonstrated a complete haematological response.								
Maximum dose: 400 mg per day.								
Applications for authorisation must be made in writing and must include:								
(a) a completed authority prescription form; and								
(b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and								
(c) a copy of the full blood examination report which demonstrates a complete haematological response; and								
(d) a statement that the disease has not progressed on imatinib therapy.								
<u>Note</u>								
No applications for increased repeats will be authorised.								
9176Y	Tablet 100 mg (as mesylate)	60	2	..	2004.98	35.40	Glivec	NV
9177B	Tablet 400 mg (as mesylate)	30	2	..	3863.60	35.40	Glivec	NV

IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Written applications for authority to prescribe imatinib mesylate should be forwarded to:

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

For the following diseases, written authority is required at initiation and for continuation:

Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

Authority required

Initial PBS-subsidised treatment of a patient with aggressive systemic mastocytosis with eosinophilia where:

- (1) there is confirmed evidence of the FIP1L1-PDGFR fusion gene; and
- (2) the patient has previously failed an adequate trial of one or more of the following conventional therapies:
 - corticosteroids;
 - hydroxyurea.

Maximum dose: 400 mg per day.

Applications for authorisation for initial treatment must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and
- (c) a copy of the pathology report confirming the presence of the FIP1L1-PDGFR fusion gene; and
- (d) a copy of the bone marrow biopsy report and/or other tissue biopsy report confirming the diagnosis of aggressive systemic mastocytosis and a copy of the full blood examination report demonstrating eosinophilia; and
- (e) details of symptomatic organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate; and
- (f) details of prior treatment trialled and the response; and
- (g) a signed patient acknowledgement.

Authority required

Continuing PBS-subsidised treatment of a patient with aggressive systemic mastocytosis confirmed to carry the FIP1L1-PDGFR fusion gene, who has previously been issued with an authority prescription for imatinib and who has demonstrated a complete haematological response.

Maximum dose: 400 mg per day.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Rare Diseases Imatinib PBS Authority Application - Supporting Information Form; and
- (c) a copy of the full blood examination report which demonstrates a complete haematological response; and
- (d) a statement that the disease has not progressed on imatinib therapy.

Note

No applications for increased repeats will be authorised.

9178C	Tablet 100 mg (as mesylate)	60	2	..	2004.98	35.40	Glivec	NV
9179D	Tablet 400 mg (as mesylate)	30	2	..	3863.60	35.40	Glivec	NV

IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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.

Written applications for authority to prescribe imatinib mesylate should be forwarded to:

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

Antineoplastic and immunomodulating agents

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
					\$	\$	

For the following diseases, written authority is required at initiation and for continuation:

Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;
Chronic eosinophilic leukaemia;
Myelodysplastic or myeloproliferative disorder;
Aggressive systemic mastocytosis with eosinophilia.

Authority required

Initial PBS-subsidised treatment, for up to 3 months, of a patient with a metastatic or unresectable malignant gastrointestinal stromal tumour which has been histologically confirmed by the detection of CD117 on immunohistochemical staining.

Patients must commence treatment at a dose not exceeding 400 mg per day for at least 3 months. Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in the Treatment of Metastatic or Unresectable Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and
 - (ii) a copy of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease; and
 - (iii) where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence in support of that claim must be provided.

Authority required

Continuing PBS-subsidised treatment, at a dose of up to 600 mg per day, of a patient with a metastatic or unresectable malignant gastrointestinal stromal tumour who has previously been issued with an authority prescription for this drug.

Applications for continuing treatment may be made by telephone (1800 700 270, hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib.

Note

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

Note

No applications for increased repeats will be authorised.

9111M	Tablet 100 mg (as mesylate)	60	2	..	2004.98	35.40	Glivec	NV
9112N	Tablet 400 mg (as mesylate)	30	2	..	3863.60	35.40	Glivec	NV

IMATINIB

Note

Any queries concerning the arrangements to prescribe imatinib mesylate 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.

Written applications for authority to prescribe imatinib mesylate should be forwarded to:

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

For the following diseases, written authority is required at initiation and for continuation:

Dermatofibrosarcoma protuberans;
Hypereosinophilic syndrome;

Antineoplastic and immunomodulating agents

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price	Maximum	Brand Name and Manufacturer
					for Max. Qty \$	Recordable Value for Safety Net \$	
	Chronic eosinophilic leukaemia; Myelodysplastic or myeloproliferative disorder; Aggressive systemic mastocytosis with eosinophilia.						
	<u>Authority required</u> Adjuvant treatment of a patient at high risk of recurrence following complete resection of primary gastrointestinal stromal tumour (GIST) which has been histologically confirmed by the detection of CD117 on immunohistochemical staining, at a dose not exceeding 400 mg per day for a period of 12 months. High risk of recurrence is defined as: Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or Primary GIST greater than 10 cm with any mitotic rate; or Primary GIST with a mitotic count of greater than 10/50 HPF. (Prognosis definition based on the Australian and New Zealand consensus approach to best practice management, see Zalcborg et al. Asia-Pacific Journal of Clinical Oncology 2008; 4.4: 188-98.) Applications for authorisation must be in writing and must include: (1) a completed authority prescription form; and (2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in Adjuvant Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following: (i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and (ii) a copy of the pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection must be documented, which must not be more than 3 months prior to the date of this application. <u>Authority required</u> Initial treatment of a patient who was receiving adjuvant imatinib mesylate for gastrointestinal stromal tumour (GIST) prior to 1 September 2011 and who meets the PBS eligibility criteria for adjuvant treatment with imatinib mesylate of a patient at high risk of recurrence following complete resection of primary GIST. The patient is eligible to receive sufficient imatinib at a dose of 400 mg per day to complete 12 months of combined PBS-subsidised and non-PBS-subsidised therapy. Applications for authorisation must be in writing and must include: (1) a completed authority prescription form; and (2) a completed Imatinib Mesylate (Glivec) PBS Authority Application for Use in Adjuvant Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following: (i) a copy of a pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining; and (ii) a copy of the pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection must be documented.						
5443L	Tablet 100 mg (as mesylate)	60	5	..	2004.98	35.40	Glivec NV
5444M	Tablet 400 mg (as mesylate)	30	5	..	3863.60	35.40	Glivec NV

LAPATINIB

Note

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

Lapatinib should not be used in patients with a left ventricular ejection fraction (LVEF) of less than 45% 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.

Lapatinib is not PBS-subsidised when used in combination with Commonwealth-subsidised trastuzumab.

If disease progression occurs, the prescribing doctor must contact Medicare Australia within one week on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) and lapatinib treatment must be ceased immediately.

Authority required

Initial treatment, in combination with capecitabine, of a patient with HER2 positive metastatic breast cancer (equivalent to Stage IIIC or Stage IV) who has received prior therapy with a taxane, for at least 3 cycles, and whose disease has progressed despite treatment with trastuzumab for metastatic disease.

Authority applications for initial treatment must be made in writing and must include:

- a completed authority prescription form;
- a pathology report demonstrating HER2 positivity has been demonstrated by in situ hybridisation (ISH);
- date of last treatment with a taxane and total number of cycles;
- a signed patient acknowledgment;
- dates of treatment with trastuzumab; and
- date of demonstration of progression whilst on treatment with trastuzumab.

Antineoplastic and immunomodulating agents

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
<p><u>Note</u></p> <p>Treatment with trastuzumab for metastatic disease is defined as trastuzumab administered alone or in combination with chemotherapy for at least 6 weeks at standard doses.</p> <p>If treatment with a taxane is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.</p> <p>If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities, including severity, can be found on the Medicare Australia website [www.medicareaustralia.gov.au].</p> <p><u>Authority required</u></p> <p>Continuing treatment, in combination with capecitabine, of a patient with HER2 positive metastatic breast cancer who has previously received treatment with PBS-subsidised lapatinib and who does not have progressive disease.</p> <p>Authority applications must be made in writing and must include:</p> <p>(a) a completed authority prescription form; and</p> <p>(b) a statement from the prescribing doctor that the disease has not progressed.</p> <p><u>Note</u></p> <p>No applications for increased maximum quantities and/or repeats will be authorised.</p>							
9148L	Tablet 250 mg (as ditosylate monohydrate)	140	2	..	*3387.46	35.40	Tykerb GK

NILOTINIB

Note

Any queries concerning the arrangements to prescribe nilotinib 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 nilotinib should be forwarded to:

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

Authority required

Initial treatment, as the sole PBS-subsidised therapy, of a patient with chronic myeloid leukaemia in chronic or accelerated phase who has failed an adequate trial of imatinib or dasatinib as first-line treatment.

Failure of an adequate trial of imatinib or dasatinib is defined as:

- (i) Lack of response to initial imatinib or dasatinib therapy, defined as either:
— failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or dasatinib for patients initially treated in chronic phase; or
— failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or dasatinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or
— failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or dasatinib; OR
- (ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or dasatinib therapy; OR
- (iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or dasatinib therapy; OR
- (iv) Development of accelerated phase in a patient previously prescribed imatinib or dasatinib for the chronic phase of chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

- (1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or
- (2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or
- (3) Peripheral basophils greater than or equal to 20%; or
- (4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or
- (5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome); OR

Antineoplastic and immunomodulating agents

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
					\$	\$	

(v) Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during first-line imatinib or dasatinib therapy in patients with accelerated phase chronic myeloid leukaemia, provided that blast crisis has been excluded on bone marrow biopsy.

Patients should be commenced on a dose of nilotinib of 400 mg twice daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to nilotinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

Applications for authorisation must be in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Chronic Myeloid Leukaemia - Second and Third Line - Supporting Information Form; and
- (c) a signed patient acknowledgement; and
- (d) a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale. (The date of the relevant pathology report needs to be provided); and
- (e) where there has been a loss of response to imatinib or dasatinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

Authority required

Continuing treatment, as the sole PBS-subsidised therapy, of a patient who has received initial PBS-subsidised treatment with nilotinib for chronic myeloid leukaemia, and who has demonstrated either a major cytogenetic response, or less than 1% BCR-ABL level in the blood, to dasatinib in the preceding 18 months and thereafter at 12 monthly intervals.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Chronic Myeloid Leukaemia - Second and Third Line - Application Form for continuing treatment; and
- (3) demonstration of continued response to treatment as evidenced by either:
 - (a) major cytogenetic response [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report needs to be provided; or
 - (b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report needs to be provided.

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib. Imatinib mesylate is not approved for use in second or third line treatment.

Patients are eligible for PBS-subsidised treatment with only one of dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent.

Nilotinib is not approved for patients in blast crisis.

1. Initial second line treatment

From 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy.

During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.

2. Initial third line treatment

Third-line treatment with a TKI can only be approved when imatinib is used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.

From 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib providing the patient did not fail that drug as first or second line therapy and for nilotinib the patient is not in blast crisis.

3. Continuing treatment for second and third line treatment

All continuing applications are to be written and must include a pathology report demonstrating the patient has responded to PBS-subsidised treatment as follows:

- (i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and
- (ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.

During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.

4. Authority approval requirements.

Response criteria to initial treatment with dasatinib or nilotinib:

Antineoplastic and immunomodulating agents

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for	Brand Name and Manufacturer
					Max. Qty	Safety Net	
					\$	\$	
	For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).						
	5. Definitions of response. A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.						
	6. Definitions of loss of response. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.						
	Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.						
9171Q	Capsule 200 mg (as hydrochloride monohydrate)	120	5	..	*5872.14	35.40	Tasigna NV

NILOTINIB

Note

Any queries concerning the arrangements to prescribe nilotinib 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 nilotinib should be forwarded to:

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

Authority required

Initial treatment, as the sole PBS-subsidised therapy, of a patient in the chronic phase of chronic myeloid leukaemia expressing the Philadelphia chromosome or the transcript, BCR-ABL tyrosine kinase, and who has a primary diagnosis of chronic myeloid leukaemia.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of nilotinib of 300 mg twice daily. Continuing therapy is dependent on patients demonstrating a response to nilotinib therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Chronic Myeloid Leukaemia - Chronic Phase, First Line - Supporting Information form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow; and
- (4) a signed patient acknowledgement form.

Authority required

Continuing treatment, as the sole PBS-subsidised therapy, of a patient who has received initial PBS-subsidised treatment with nilotinib for the chronic phase of chronic myeloid leukaemia and who has demonstrated either a major cytogenetic response or less than 1% BCR-ABL level in the blood.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) demonstration of continued response to treatment as evidenced by either:
 - (a) major cytogenetic response [see Note explaining requirements]. Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided; or
 - (b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements]. Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided.

Antineoplastic and immunomodulating agents

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
Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesylate, dasatinib or nilotinib. Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent. 1. Initial treatment - imatinib mesylate, dasatinib and nilotinib From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesylate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs. During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure of response. 2. Continuing treatment with imatinib mesylate - first-line First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment. Second and subsequent authority applications for continuing therapy with imatinib mesylate may be made on the telephone by contacting Medicare Australia on 1800 700 720 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy. 3. Continuing treatment with dasatinib or nilotinib - first-line All continuing applications are to be written and must include a pathology report demonstrating the patient has responded to PBS-subsidised treatment as follows: (i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and (ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained. 4. For imatinib mesylate, dasatinib and nilotinib During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of second-line agents. Where a patient has previously received PBS-subsidised treatment with imatinib mesylate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent. 5. Authority approval requirements. Response criteria to initial treatment with imatinib mesylate, dasatinib or nilotinib: For the purposes of assessing response to PBS-subsidised treatment with imatinib mesylate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with imatinib mesylate, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent). 6. Definitions of response. A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells. A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response. 7. Definitions of loss of response. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.							
1309X	Capsule 150 mg (as hydrochloride monohydrate)	120	5	..	*4467.87	35.40	Tasigna NV

SORAFENIB

Authority required

Initial treatment, as the sole PBS-subsidised agent, of advanced (BCLC Stage C) hepatocellular carcinoma in a patient with a WHO performance status of 2 or less and Child Pugh class A;

Antineoplastic and immunomodulating agents

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
					\$	\$	

Continuing treatment, as the sole PBS-subsidised agent, of advanced hepatocellular carcinoma in a patient who has previously been treated with PBS-subsidised sorafenib and who does not have progressive disease.

Note

Sorafenib is not PBS-subsidised for adjunctive treatment after resection, ablation or chemoembolization.

Sorafenib is not PBS-subsidised for maintenance therapy after disease progression.

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Special Pricing Arrangements apply.

9380Q	Tablet 200 mg (as tosylate)	120	2	..	*6457.08	35.40	Nexavar	BN
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SUNITINIB

Authority required

Initial treatment, as the sole PBS-subsidised therapy, of Stage IV clear cell variant renal cell carcinoma (RCC) in a patient who meets the Memorial Sloan Kettering Cancer Centre (MSKCC) low to intermediate risk group and has a WHO performance status of 2 or less.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Special Pricing Arrangements apply.

9417P	Capsule 12.5 mg (as malate)	28	1	..	1834.20	35.40	Sutent	PF
9418Q	Capsule 25 mg (as malate)	28	1	..	3521.76	35.40	Sutent	PF
9419R	Capsule 50 mg (as malate)	28	1	..	6897.44	35.40	Sutent	PF

SUNITINIB

Authority required

Continuing treatment beyond 3 months, as the sole PBS-subsidised therapy, of Stage IV clear cell variant renal cell carcinoma (RCC) in a patient who has previously been issued with an authority prescription for sunitinib and who has stable or responding disease according to RECIST criteria.

Note

RECIST Criteria is defined as follows:

Complete response (CR) is disappearance of all target lesions.

Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.

Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.

Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Initial treatment, as the sole PBS-subsidised therapy, of Stage IV clear cell variant renal cell carcinoma (RCC) in a patient who was receiving treatment with sunitinib prior to 1 May 2009.

Note

Special Pricing Arrangements apply.

9420T	Capsule 12.5 mg (as malate)	28	3	..	1834.20	35.40	Sutent	PF
9421W	Capsule 25 mg (as malate)	28	3	..	3521.76	35.40	Sutent	PF
9422X	Capsule 50 mg (as malate)	28	3	..	6897.44	35.40	Sutent	PF

SUNITINIB

Authority required

Initial PBS-subsidised treatment as monotherapy of a patient with WHO performance status of 2 or less with a metastatic or unresectable malignant gastrointestinal stromal tumour after failure of imatinib mesylate treatment due to resistance or intolerance.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Sunitinib Malate (Sutent) PBS Authority Application for Use in the Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib.

Antineoplastic and immunomodulating agents

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	
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Note

Any queries concerning the arrangements to prescribe sunitinib malate 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.

Any queries concerning patients who are enrolled on the Sunitinib Compassionate Program 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 sunitinib malate should be forwarded to:

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

Sunitinib malate is not PBS-subsidised for the treatment of patients with resectable malignant gastrointestinal stromal tumours.

Authority required

Continuing PBS-subsidised treatment as monotherapy of a patient with WHO performance status of 2 or less with a metastatic or unresectable malignant gastrointestinal stromal tumour who has previously been issued with an authority prescription for sunitinib and who does not have progressive disease.

Applications for continuing treatment may be made by telephone (1800 700 270, hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients who have failed to respond or who are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib.

Patients who have progressive disease on sunitinib are no longer eligible for PBS-subsidised sunitinib.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Special Pricing Arrangements apply.

9488J	Capsule 12.5 mg (as malate)	28	1	..	1834.20	35.40	Sutent	PF
9489K	Capsule 25 mg (as malate)	28	1	..	3521.76	35.40	Sutent	PF
9490L	Capsule 50 mg (as malate)	28	1	..	6897.44	35.40	Sutent	PF

Other antineoplastic agents

HYDROXYUREA								
3093T	Capsule 500 mg	100	..	..	76.46	35.40	Hydrea	BQ

Endocrine therapy

Hormones and related agents

Progestogens

MEDROXYPROGESTERONE ACETATE

Restricted benefit

Hormone-dependent advanced breast cancer.

2728N	Tablet 500 mg	30	2	..	125.87	35.40	Provera	PF
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MEDROXYPROGESTERONE ACETATE

Restricted benefit

Hormone-dependent breast cancer;

Endometrial cancer.

2316X	Tablet 200 mg	60	2	..	101.79	35.40	Provera	PF
2725K	Tablet 100 mg	100	2	..	90.38	35.40	Provera	PF
2727M	Tablet 250 mg	60	2	..	125.65	35.40	Provera	PF

Antineoplastic and immunomodulating agents

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
MEGESTROL ACETATE							
<u>Restricted benefit</u>							
Hormone-dependent advanced breast cancer.							
2734X	Tablet 160 mg	30	2	..	83.39	35.40	Megace OA

Gonadotropin releasing hormone analogues

GOSERELIN ACETATE

Authority required

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate;

Hormone-dependent locally advanced (equivalent to stage III) or metastatic (equivalent to stage IV) breast cancer in pre-menopausal women;

Short-term treatment (up to 6 months) of visually proven endometriosis (only 1 course of not more than 6 months' therapy will be authorised);

Hormone-dependent breast cancer as an alternative to adjuvant chemotherapy in peri- or pre-menopausal women.

1454M	Subcutaneous implant 3.6 mg (base) in pre-filled injection syringe	1	5	..	333.00	35.40	Zoladex Implant	AP
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GOSERELIN ACETATE

Authority required (STREAMLINED)

3229

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.

8093Y	Subcutaneous implant (long acting) 10.8 mg (base) in pre-filled injection syringe	1	1	..	1108.76	35.40	Zoladex 10.8 Implant	AP
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GOSERELIN ACETATE and BICALUTAMIDE

Authority required (STREAMLINED)

3239

Metastatic (equivalent to stage D) prostatic carcinoma in patients for whom a combination of an antiandrogen and a GnRH (LH-RH) agonist is required.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9064C	Pack containing 1 subcutaneous implant goserelin 3.6 mg in pre-filled injection syringe and 28 tablets bicalutamide 50 mg	1	5	..	477.37	35.40	ZolaCos CP 3.6/50	AP
9065D	Pack containing 1 subcutaneous implant goserelin 10.8 mg in pre-filled injection syringe and 28 tablets bicalutamide 50 mg	1	..	..	1248.29	35.40	ZolaCos CP 10.8/50(28)	AP
9066E	Pack containing 1 subcutaneous implant goserelin 10.8 mg in pre-filled injection syringe and 84 tablets bicalutamide 50 mg	1	1	..	1527.37	35.40	ZolaCos CP 10.8/50(84)	AP

LEUPRORELIN ACETATE

Authority required (STREAMLINED)

3229

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.

8707G	Suspension for subcutaneous injection (modified release), 7.5 mg injection set	1	5	..	420.20	35.40	Eligard 1 month	HH
8708H	Suspension for subcutaneous injection (modified release), 22.5 mg injection set	1	1	..	1108.76	35.40	Eligard 3 month	HH
8709J	Suspension for subcutaneous injection (modified release), 30 mg injection set	1	1	..	1451.33	35.40	Eligard 4 month	HH
8859G	Suspension for subcutaneous injection (modified release), 45 mg injection set	1	..	..	2123.98	35.40	Eligard 6 month	HH
8875D	I.M. injection (modified release), powder for injection 7.5 mg with diluent in pre-filled dual-chamber syringe	1	5	..	420.20	35.40	Lucrin Depot 7.5mg PDS	AB
8876E	I.M. injection (modified release), powder for injection 22.5 mg with diluent in pre-filled dual-chamber syringe	1	1	..	1108.76	35.40	Lucrin Depot 3 Month PDS	AB
8877F	I.M. injection (modified release), powder for injection 30 mg with diluent in pre-filled dual-	1	1	..	1451.33	35.40	Lucrin Depot 4 Month PDS	AB

Antineoplastic and immunomodulating agents

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	
	chamber syringe							
TRIPTORELIN								
<u>Authority required (STREAMLINED)</u>								
3229								
Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.								
5297T	Powder for I.M. injection (prolonged release) 22.5 mg (as embonate) with solvent, syringe and needles	1	..	..	2123.98	35.40	Diphereline	IS
9378N	Powder for I.M. injection (prolonged release) 3.75 mg (as embonate) with solvent, syringe and needles	1	5	..	420.20	35.40	Diphereline	IS
9379P	Powder for I.M. injection (prolonged release) 11.25 mg (as embonate) with solvent, syringe and needles	1	1	..	1108.76	35.40	Diphereline	IS

Hormone antagonists and related agents

Anti-estrogens

TAMOXIFEN CITRATE

Restricted benefit

Treatment of hormone-dependent breast cancer.

Note

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

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2109B	Tablet 10 mg (base)	60	5	..	37.26	35.40	Genox 10	AF
<i>NP</i>								
2110C	Tablet 20 mg (base)	60	5	..	57.55	35.40	^a Genox 20	AF
<i>NP</i>								
							^a GenRx Tamoxifen	GX
							^a Tamosin	QA
							^a Tamoxen 20 mg	GM
							^a Tamoxifen Sandoz	SZ
				^B 3.62	*61.20	35.40	^a Nolvadex-D	AP

TOREMIFENE CITRATE

Restricted benefit

Treatment of hormone-dependent metastatic breast cancer in post-menopausal patients.

Note

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

8216K	Tablet 60 mg (base)	30	5	..	73.74	35.40	Fareston	MK
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Anti-androgens

BICALUTAMIDE

Authority required (STREAMLINED)

3674

Metastatic (equivalent to stage D) prostatic carcinoma in combination with GnRH (LH-RH) analogue therapy.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8094B	Tablet 50 mg	28	5	..	151.64	35.40	^a APO-Bicalutamide	TX
<i>NP</i>								

Antineoplastic and immunomodulating agents

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 Bicalutamide-GA GM
							^a Bicalutamide RA
							^a Ranbaxy
							^a Calutex QA
							^a Cosamide AF
							^a Cosudex AP
CYPROTERONE ACETATE							
<u>Authority required (STREAMLINED)</u>							
1014							
Advanced carcinoma of the prostate;							
1404							
To reduce drive in sexual deviations in males.							
1270W	Tablet 50 mg	100	5	..	*197.98	35.40	^a Cyprohexal SZ
							^a Cyprone AF
							^a Cyprostat SY
							^a GenRx Cyproterone Acetate GX
							^a Procur GM
				^B 3.12	*201.10	35.40	^a Androcur BN
8019C	Tablet 100 mg	50	5	..	161.60	35.40	^a Cyprohexal SZ
							^a Cyprostat-100 SY
							^a GenRx Cyproterone Acetate GX
							^a Procur 100 GM
				^B 1.56	163.16	35.40	^a Androcur-100 BN
FLUTAMIDE							
<u>Authority required (STREAMLINED)</u>							
3674							
Metastatic (equivalent to stage D) prostatic carcinoma in combination with GnRH (LH-RH) analogue therapy.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
<u>Note</u>							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
1417N NP	Tablet 250 mg	100	5	..	201.69	35.40	^a Eulexin MK
							^a Flutamin AF
NILUTAMIDE							
<u>Authority required (STREAMLINED)</u>							
3675							
Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) prostatic carcinoma, in combination with GnRH (LH-RH) analogue therapy;							
3300							
Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) prostatic carcinoma, in conjunction with surgical orchiectomy.							
<u>Note</u>							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8131Y NP	Tablet 150 mg	30	5	..	236.56	35.40	Anandron SW

Antineoplastic and immunomodulating agents

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
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Aromatase inhibitors

ANASTROZOLE

Restricted benefit

Treatment of hormone-dependent breast cancer in post-menopausal women.

Note

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

This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8179L NP	Tablet 1 mg	30	5	..	152.38	35.40	^a Anastrol	QA
							^a Anastrozole-DRLA	RZ
							^a Anastrozole-GA	GM
							^a Anastrozole GH	GQ
							^a Anastrozole LW	TA
							^a Anastrozole-PS	FZ
							^a Anastrozole RBX	RA
							^a Anastrozole Sandoz	SZ
							^a Anzole	WQ
							^a APO-Anastrozole	TX
							^a Arimidex	AP
							^a Chem mart	CH
							^a Anastrozole	
							^a Terry White	TW
							Chemists	
							Anastrozole	

EXEMESTANE

Restricted benefit

Treatment of hormone-dependent advanced breast cancer in post-menopausal women with disease progression following treatment with tamoxifen citrate;

Treatment of hormone-dependent early breast cancer in post-menopausal women following a minimum of 2 years' treatment with tamoxifen citrate.

Note

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

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

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8506Q NP	Tablet 25 mg	30	5	..	152.38	35.40	^a APO-Exemestane	TX
							^a Aromasin	PF
							^a Exaccord	RA
							^a Exemestane Pfizer	FZ
							^a Exemestane	SZ
							Sandoz	

LETROZOLE

Restricted benefit

Treatment of hormone-dependent advanced breast cancer in post-menopausal women;

Treatment of hormone-dependent early breast cancer in post-menopausal women;

Extended adjuvant treatment of hormone-dependent early breast cancer in post-menopausal women commencing within 6 months of ceasing treatment with tamoxifen citrate.

Antineoplastic and immunomodulating agents

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
Note This drug is not PBS-subsidised for primary prevention of breast cancer. This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years. This drug is not PBS-subsidised for extended adjuvant early breast cancer treatment where the total duration of letrozole (or any other aromatase inhibitor) treatment extends beyond 5 years.							
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8245Y NP	Tablet 2.5 mg	30	5	..	152.38	35.40	^a APO-Letrozole TX ^a Chem mart CH ^a Letrozole ^a Femara 2.5 mg NV ^a Femolet AF ^a Fera QA ^a Letara FZ ^a Letrozole Actavis TA ^a Letrozole-DRLA RZ ^a Letrozole-GA GM ^a Letrozole GQ ^a generichealth ^a Letrozole RBX RA ^a Letrozole Sandoz SZ ^a Terry White Chemists TW ^a Letrozole

Other hormone antagonists and related agents

DEGARELIX

Authority required (STREAMLINED)

3229

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.

5455D	Powder for injection 80 mg (as acetate), injection set	1	5	..	420.20	35.40	Firmagon 80mg FP
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DEGARELIX

Authority required (STREAMLINED)

3229

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate.

Note

No applications for increased maximum quantities and/or repeats will be authorised for the 120 mg powder for injection.

5456E	Powder for injection 120 mg (as acetate), 2, injection set	1	438.72	35.40	Firmagon 120mg FP
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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

Hairy cell leukaemia;

Myeloproliferative disease with excessive thrombocytosis.

Antineoplastic and immunomodulating agents

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	
8180M	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	15	4	..	*506.22	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

Myeloproliferative disease with excessive thrombocytosis.

8551C	Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	5	4	..	*264.72	35.40	Roferon-A	RO
8552D	Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	4	..	*344.72	35.40	Roferon-A	RO
8553E	Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	4	..	*506.12	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

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

8181N	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	15	5	..	*506.22	35.40	Roferon-A	RO
8182P	Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*264.72	35.40	Roferon-A	RO
8183Q	Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*344.72	35.40	Roferon-A	RO
8184R	Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	5	5	..	*506.12	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

Hairy cell leukaemia.

8572E	Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen	3	4	..	*606.03	35.40	Intron A Redipen	MK
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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

Maintenance treatment of multiple myeloma once remission has been achieved with chemotherapy;

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

8348J	Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen	3	5	..	*606.03	35.40	Intron A Redipen	MK
8476D	Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose injection pen	3	5	..	*1005.75	35.40	Intron A Redipen	MK

INTERFERON BETA-1a

Authority required

Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The

Antineoplastic and immunomodulating agents

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for	Brand Name and Manufacturer	
					Max. Qty \$	Safety Net \$		
	diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;							
	Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.							
8289G	Injection set comprising 1 vial powder for injection 30 micrograms (6,000,000 i.u.) with diluent	4	5	..	1056.77	35.40	Avonex	BD
8403G	Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose pre-filled syringe	12	5	..	1056.77	35.40	Rebif 44	SG
8805K	Injection 30 micrograms (6,000,000 i.u.) in 0.5 mL single dose pre-filled syringe	4	5	..	1056.77	35.40	Avonex	BD
8968B	Injection 44 micrograms (12,000,000 i.u.) in 0.5 mL single dose autoinjector	12	5	..	1056.77	35.40	Rebif 44	SG
9332E	Solution for injection 132 micrograms in 1.5 mL multidose cartridge	4	5	..	1056.77	35.40	Rebif 44	SG

INTERFERON BETA-1b

Authority required

Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;

Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.

8101J	Injection set including 1 vial powder for injection 8,000,000 i.u. (250 micrograms) and solvent	15	5	..	1180.16	35.40	Betaferon BN
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Other immunostimulants

BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/ Connaught strain)

Restricted benefit

Treatment of carcinoma in situ of the urinary bladder.

1140B	Powder for intravesical administration containing 6.6 to 19.2×10^8 CFU	3	1	..	*459.87	35.40	ImmuCyst SW
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BCG-TICE (Bacillus Calmette-Guérin/ Tice strain)

Restricted benefit

Primary and relapsing superficial urothelial carcinoma of the bladder.

1131M	Vial containing powder for intravesical administration approximately 5×10^8 CFU	3	1	..	556.39	35.40	OncoTICE MK
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GLATIRAMER ACETATE

Authority required

Initial treatment of clinically definite relapsing-remitting multiple sclerosis in ambulatory (without assistance or support) patients who have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;

Continuing treatment of clinically definite relapsing-remitting multiple sclerosis in patients previously issued with an authority prescription for this drug who do not show continuing progression of disability while on treatment with this drug and who have demonstrated compliance with, and an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.

8726G	Injection 20 mg in 1 mL single dose pre-filled syringe	28	5	..	1092.65	35.40	Copaxone CS
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Antineoplastic and immunomodulating agents

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
					\$	\$	
Immunosuppressants							

Immunosuppressants

Selective immunosuppressants

ABATACEPT

Note

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

Further prescribing information (including Authority Application Forms) is on the Medicare Australia website at www.medicareaustralia.gov.au.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

Antineoplastic and immunomodulating agents

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
					\$	\$	

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with abatacept, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

Antineoplastic and immunomodulating agents

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
					\$	\$	

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(i) a total active joint count of at least 20 active (swollen and tender) joints; or

(ii) at least 4 active joints from the following list of major joints:

— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and

(3) a signed patient acknowledgement.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with abatacept.

Patients who fail to demonstrate a response to treatment with abatacept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with abatacept, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

(a) have a documented history of severe active rheumatoid arthritis; and

(b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Antineoplastic and immunomodulating agents

							Maximum Recordable Value for Safety Net	
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$		\$	Brand Name and Manufacturer
	website (www.medicareaustralia.gov.au)).							

Applications for patients who have received PBS-subsidised treatment with abatacept and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised abatacept treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised abatacept treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised abatacept treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Patients who fail to demonstrate a response to treatment with abatacept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Special Pricing Arrangements apply.

1220F	Injection 125 mg in 1 mL single dose pre-filled syringe	4	3	..	1753.91	35.40	Orencia	BQ
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ABATACEPT

Note

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

Further prescribing information (including Authority Application Forms) is on the Medicare Australia website at www.medicareaustralia.gov.au.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1

Antineoplastic and immunomodulating agents

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
					\$	\$	

course of treatment with a PBS-subsidised TNF- α antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF- α antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with abatacept, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

Antineoplastic and immunomodulating agents

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

- (a) who have a documented history of severe active rheumatoid arthritis; and
 (b) who have demonstrated an adequate response to treatment with abatacept; and
 (c) whose most recent course of PBS-subsidised bDMARD treatment was with abatacept.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;
 AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
 (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 — elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 — shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
 (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with abatacept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with abatacept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

Patients who fail to demonstrate a response to treatment with abatacept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Special Pricing Arrangements apply.

1221G	Injection 125 mg in 1 mL single dose pre-filled syringe	4	5	..	1753.91	35.40	Orencia	BQ
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EVEROLIMUS

Caution

Careful monitoring of patients is mandatory.

Authority required

Maintenance therapy, following initiation and stabilisation of treatment with everolimus and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with:

(a) renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application;

(b) cardiac transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.

8840G	Tablet 0.25 mg	60	3	..	282.79	35.40	Certican	NV
8841H	Tablet 0.5 mg	60	3	..	543.83	35.40	Certican	NV
8842J	Tablet 0.75 mg	120	3	..	*1578.62	35.40	Certican	NV
9352F	Tablet 1 mg	120	3	..	*2068.76	35.40	Certican	NV

FINGOLIMOD

Authority required

Initial treatment, as monotherapy, of clinically definite relapsing-remitting multiple sclerosis in an ambulatory (without assistance or support) patient who has experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years. The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient. The authority will be limited to the maximum quantity and number of repeats indicated in the schedule;

Antineoplastic and immunomodulating agents

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
	Continuing treatment, as monotherapy, of clinically definite relapsing-remitting multiple sclerosis in a patient previously issued with an authority prescription for this drug who does not show continuing progression of disability while on treatment with this drug and who has demonstrated compliance with, and an ability to tolerate, this therapy. Authorities will be limited to the maximum quantity and number of repeats indicated in the schedule.						
	Note Special Pricing Arrangements apply.						
5262Y	Capsule 500 micrograms (as hydrochloride)	28	5	..	2312.98	35.40	Gilenya NV
LEFLUNOMIDE							
Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.							
Authority required (STREAMLINED)							
2643 Initial treatment of severe active rheumatoid arthritis where other disease modifying anti-rheumatic drugs (including methotrexate) are ineffective and/or inappropriate. Treatment must be initiated by a physician;							
2681 Initial treatment of severe active psoriatic arthritis where other disease modifying anti-rheumatic drugs (including methotrexate) are ineffective and/or inappropriate. Treatment must be initiated by a physician.							
Note No applications for increased maximum quantities and/or repeats will be authorised.							
8373Q	Pack containing 3 tablets leflunomide 100 mg and 30 tablets leflunomide 20 mg	1	..	..	175.64	35.40	Arava SW
LEFLUNOMIDE							
Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.							
Authority required (STREAMLINED)							
2644 Treatment of severe active rheumatoid arthritis where other disease modifying anti-rheumatic drugs (including methotrexate) are ineffective and/or inappropriate. Treatment must be initiated by a physician.							
8374R	Tablet 10 mg	30	5	..	76.80	35.40	^a APO-Leflunomide TX ^a Arabloc AV ^a Arava SW ^a Lunava 10 ZP
8375T	Tablet 20 mg	30	5	..	113.57	35.40	^a APO-Leflunomide TX ^a Arabloc AV ^a Arava SW ^a Lunava 20 ZP
LEFLUNOMIDE							
Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.							
Authority required (STREAMLINED)							
2682 Treatment of severe active psoriatic arthritis where other disease modifying anti-rheumatic drugs (including methotrexate) are ineffective and/or inappropriate. Treatment must be initiated by a physician.							
5449T	Tablet 10 mg	30	5	..	76.80	35.40	^a Arabloc AV ^a Arava SW
5450W	Tablet 20 mg	30	5	..	113.57	35.40	^a Arabloc AV ^a Arava SW

Antineoplastic and immunomodulating agents

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	
MYCOPHENOLATE MOFETIL								
Caution Careful monitoring of patients is mandatory.								
Authority required Maintenance therapy, following initiation and stabilisation of treatment with mycophenolate mofetil and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with: (a) renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application; (b) cardiac transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.								
8649F	Capsule 250 mg	300	3	..	*528.36	35.40	^a APO-Mycophenolate ^a CellCept ^a Imulate ^a Mycophenolate Sandoz ^a Ceptolate	TX RO QA SZ AF
8650G	Tablet 500 mg	150	3	..	*528.42 *528.36	35.40 35.40	^a APO-Mycophenolate ^a CellCept ^a Ceptolate ^a Imulate ^a Mycophenolate Sandoz	TX RO AF QA SZ
8651H	Powder for oral suspension 1 g per 5 mL, 165 mL	‡1	3	..	#289.90	35.40	CellCept	RO
MYCOPHENOLATE SODIUM								
Caution Careful monitoring of patients is mandatory.								
Authority required Maintenance therapy, following initiation and stabilisation of treatment with mycophenolate sodium and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.								
8652J	Tablet (enteric coated) 180 mg (mycophenolic acid)	120	3	..	225.18	35.40	Myfortic	NV
8653K	Tablet (enteric coated) 360 mg (mycophenolic acid)	120	3	..	425.93	35.40	Myfortic	NV
SIROLIMUS								
Caution Careful monitoring of patients is mandatory.								
Authority required Maintenance therapy, following initiation and stabilisation of treatment with sirolimus and where therapy remains under the supervision and direction of the transplant unit reviewing that patient, of patients with renal transplants. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.								
8724E	Tablet 1 mg	100	3	..	815.25	35.40	Rapamune	PF
8725F	Oral solution 1 mg per mL, 60 mL	‡1	3	..	529.74	35.40	Rapamune	PF
8833X	Tablet 2 mg	100	3	..	1583.69	35.40	Rapamune	PF
8984W	Tablet 0.5 mg	100	3	..	413.29	35.40	Rapamune	PF

Tumor necrosis factor alpha (TNF-alpha) inhibitors

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

Antineoplastic and immunomodulating agents

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
					\$	\$	

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

Antineoplastic and immunomodulating agents

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
					\$	\$	

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;

Antineoplastic and immunomodulating agents

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
					\$	\$	

AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.

Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have a documented history of severe active rheumatoid arthritis; and
- (b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with adalimumab and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised adalimumab treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised adalimumab treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Antineoplastic and immunomodulating agents

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
	Where the most recent course of PBS-subsidised adalimumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.						
	Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.						
	<u>Note</u>						
	No applications for increased maximum quantities and/or repeats will be authorised.						
	Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.						
	<u>Note</u>						
	Special Pricing Arrangements apply.						
8737W	Injection 40 mg in 0.8 mL pre-filled syringe	2	3	..	1774.36	35.40	Humira AB
9099X	Injection 40 mg in 0.8 mL pre-filled pen	2	3	..	1774.36	35.40	Humira AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

Antineoplastic and immunomodulating agents

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
					\$	\$	

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

Antineoplastic and immunomodulating agents

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 patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF- α antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with adalimumab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with adalimumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;
AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Antineoplastic and immunomodulating agents

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
					\$	\$	
Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).							
All applications for continuing treatment with adalimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.							
Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.							
<u>Note</u>							
Special Pricing Arrangements apply.							
8741C	Injection 40 mg in 0.8 mL pre-filled syringe	2	5	..	1774.36	35.40	Humira AB
9100Y	Injection 40 mg in 0.8 mL pre-filled pen	2	5	..	1774.36	35.40	Humira AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a

Antineoplastic and immunomodulating agents

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
					\$	\$	
particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.							

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialled it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

Antineoplastic and immunomodulating agents

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
					\$	\$	

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Initial 1

Initial PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have severe active psoriatic arthritis; and
- (2) have received no prior PBS-subsidised biological treatment for this condition in this Treatment Cycle; and
- (3) have failed to achieve an adequate response to:
 - (a) methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; and
 - (b) sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; or
 - (c) leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities, including severity, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) an active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 16 weeks treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial adalimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Initial 2

Initial PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have a documented history of severe active psoriatic arthritis; and

Antineoplastic and immunomodulating agents

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
					\$	\$	
	(2) have received prior PBS-subsidised biological treatment for this condition in this Treatment Cycle and are eligible to receive further biological therapy; and						
	(3) have not failed treatment with adalimumab during the current Treatment Cycle.						

Applications for patients who have received PBS-subsidised treatment with adalimumab within this Treatment Cycle and who wish to re-commence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised adalimumab treatment, within the timeframes specified below.

A maximum of 16 weeks treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised adalimumab treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised adalimumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial adalimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.

9033K	Injection 40 mg in 0.8 mL pre-filled syringe	2	3	..	1774.36	35.40	Humira	AB
9101B	Injection 40 mg in 0.8 mL pre-filled pen	2	3	..	1774.36	35.40	Humira	AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a

Antineoplastic and immunomodulating agents

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
					\$	\$	
	biological agent at the time of the application or not.						

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialled it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with adalimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults:

- (1) who have a documented history of severe active psoriatic arthritis; and
- (2) whose most recent course of PBS-subsidised biological agent for this condition in the current Treatment Cycle was with adalimumab; and
- (3) who, at the time of application, demonstrate an adequate response to treatment with adalimumab.

An adequate response to treatment with adalimumab is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with adalimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial adalimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Antineoplastic and immunomodulating agents

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	
					\$	\$		
Note								
No applications for increased maximum quantities and/or repeats will be authorised.								
Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.								
9034L	Injection 40 mg in 0.8 mL pre-filled syringe	2	5	..	1774.36	35.40	Humira	AB
9102C	Injection 40 mg in 0.8 mL pre-filled pen	2	5	..	1774.36	35.40	Humira	AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept, golimumab and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept, golimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 4 TNF-alfa antagonists at any 1 time.

From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised TNF-alfa antagonists without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Antineoplastic and immunomodulating agents

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
					\$	\$	

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept and golimumab and 18 weeks of treatment for infliximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.

A patient who commenced treatment with golimumab for active ankylosing spondylitis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with golimumab will be

Antineoplastic and immunomodulating agents

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
					\$	\$	

authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with golimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1 (new patients)

Initial PBS-subsidised treatment with adalimumab, by a rheumatologist, of an adult with active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who has not received any PBS-subsidised treatment with either adalimumab, etanercept, golimumab or infliximab in this treatment cycle; AND

(a) who has at least 2 of the following:

- (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or
- (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI) [for further information on the BASMI please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; or
- (iii) limitation of chest expansion relative to normal values for age and gender [for chest expansion normal values please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; AND

(b) who has failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

The application must include details of the NSAIDs trialled, their doses and duration of treatment. If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance. Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Medicare Australia website at www.medicareaustralia.gov.au.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

- (a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND
- (b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which must include the following:
 - (i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
 - (ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and
 - (iii) a completed Exercise Program Self Certification Form included in the supporting information form; and
 - (iv) a signed patient acknowledgment form.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 16 weeks of treatment with adalimumab will be approved under this criterion.

Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial adalimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Antineoplastic and immunomodulating agents

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
<u>Authority required</u>							
Initial 2 (change or re-commencement for all patients)							
Initial PBS-subsidised treatment with adalimumab, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who, in this treatment cycle, has received prior PBS-subsidised TNF-alfa antagonist treatment for this condition and is eligible to receive further TNF-alfa antagonist therapy, and has not failed PBS-subsidised therapy with adalimumab in the current treatment cycle.							
Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised TNF-alfa antagonist therapy or, under this restriction, for patients who have received previous PBS-subsidised TNF-alfa antagonist therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to Medicare Australia no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.							
Where the most recent course of PBS-subsidised adalimumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.							
Authority applications must be made in writing and must include:							
(a) a completed authority prescription form; and							
(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].							
A maximum of 16 weeks of treatment with adalimumab will be approved under this criterion.							
Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.							
Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial adalimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.							
9077R	Injection 40 mg in 0.8 mL pre-filled syringe	2	3	..	1774.36	35.40	Humira AB
9103D	Injection 40 mg in 0.8 mL pre-filled pen	2	3	..	1774.36	35.40	Humira AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept, golimumab and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept, golimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 4 TNF-alfa antagonists at any 1 time.

From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised TNF-alfa antagonists without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept and golimumab and 18 weeks of treatment for infliximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

Antineoplastic and immunomodulating agents

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
					\$	\$	

To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.

A patient who commenced treatment with golimumab for active ankylosing spondylitis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with golimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with golimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Continuing treatment for all patients

Continuing PBS-subsidised treatment, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who:

- (a) has demonstrated an adequate response to treatment with adalimumab; and
- (b) whose most recent course of PBS-subsidised therapy in this treatment cycle was with adalimumab.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].

All measurements provided must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.

All applications for continuing treatment with adalimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment following an initial treatment course it must be made following a minimum of 12 weeks of treatment with adalimumab. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with adalimumab under this restriction will not be eligible to receive further PBS-

Antineoplastic and immunomodulating agents

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
					\$	\$	
subsidised treatment with this drug in this treatment cycle. Patients may re-trial adalimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
Applications for treatment with adalimumab where the dosing frequency exceeds 40 mg per fortnight will not be approved.							
9078T	Injection 40 mg in 0.8 mL pre-filled syringe	2	5	..	1774.36	35.40	Humira AB
9104E	Injection 40 mg in 0.8 mL pre-filled pen	2	5	..	1774.36	35.40	Humira AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for adult patients with severe refractory Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 August 2008, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 August 2008 is considered to be in their first cycle as of 1 August 2008.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2008.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent

Antineoplastic and immunomodulating agents

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
					\$	\$	
(Initial 2).							

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2008, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment. Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, evidence of intestinal inflammation), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

Antineoplastic and immunomodulating agents

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 patient who commenced treatment with adalimumab for severe refractory Crohn disease prior to 9 November 2007 or infliximab prior to 7 March 2007 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1 (new patients)

Initial treatment of Crohn disease in a patient assessed by CDAI.

Initial PBS-subsidised treatment with adalimumab by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with severe refractory Crohn disease who satisfies the following criteria:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician as specified in the NOTE below; and
- (b) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (c) has failed to achieve an adequate response to prior systemic therapy including:
 - (i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and
 - (ii) immunosuppressive therapy including:
 - azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
 - 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
 - methotrexate at a dose of at least 15 mg weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) have a severity of disease activity which results in a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as assessed.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

The most recent CDAI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) two completed authority prescription forms; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition; and
 - (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
 - (iii) the signed patient acknowledgement.

A maximum of 16 weeks treatment will be authorised under this criterion.

Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats. Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A CDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

Antineoplastic and immunomodulating agents

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
					\$	\$	

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

Authority required

Initial 2

Change or re-commencement of treatment of Crohn disease in a patient assessed by CDAI.

Initial PBS-subsidised treatment with adalimumab by a gastroenterologist or a consultant physician as specified in the NOTE below of a patient who:

- (a) has a documented history of severe refractory Crohn disease; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with infliximab or adalimumab for this condition; and
- (c) has not failed PBS-subsidised therapy with adalimumab for this condition more than once in the current treatment cycle.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

Authority applications must be made in writing and must include:

- (a) two completed authority prescription forms; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition; and
 - (ii) details of prior TNF alfa antagonist treatment including details of date and duration of treatment.

Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats. Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A CDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

Authority required

Initial 1

Initial treatment of Crohn disease in a patient with short gut syndrome or an ostomy patient.

Initial PBS-subsidised treatment with adalimumab by a gastroenterologist, or consultant physician as specified in the NOTE below of a patient who satisfies the following criteria:

- (a) has confirmed Crohn disease defined by standard clinical, endoscopic and/or imaging features, including histological evidence with the diagnosis confirmed by a gastroenterologist or consultant physician as specified in the NOTE below; and
- (b) has diagnostic imaging or surgical evidence of short gut syndrome or has an ileostomy or colostomy; and
- (c) has evidence of intestinal inflammation; and
- (d) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (e) has failed to achieve an adequate response to prior systemic drug therapy including:
 - (i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and
 - (ii) immunosuppressive therapy including:

Antineoplastic and immunomodulating agents

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
					\$	\$	
	— azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or — 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or — methotrexate at a dose of at least 15 mg weekly for 3 or more months.						

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

(a) have evidence of intestinal inflammation, including:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; AND/OR

(ii) faeces: higher than normal lactoferrin or calprotectin level; AND/OR

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery;

AND/OR

(b) be assessed clinically as being in a high faecal output state;

AND/OR

(c) be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of adalimumab.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:

(i) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(ii) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and

(iii) date of the most recent clinical assessment; and

(iv) the signed patient acknowledgement.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application.

A maximum of 16 weeks treatment will be authorised under this criterion.

Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats. Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

Authority required

Initial 2

Change or re-commencement of treatment of Crohn disease in a patient with short gut syndrome, an ostomy patient or a patient with extensive small intestine disease.

Initial PBS-subsidised treatment with adalimumab by a gastroenterologist or a consultant physician as specified in the NOTE below of a patient who:

Antineoplastic and immunomodulating agents

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) has a documented history of severe refractory Crohn disease; and
 (b) in this treatment cycle, has received prior PBS-subsidised treatment with infliximab or adalimumab for this condition; and
 (c) has not failed PBS-subsidised therapy with adalimumab for this condition more than once in the current treatment cycle.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

Authority applications must be made in writing and must include:

- (a) two completed authority prescription forms; and
 (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 (i) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criteria, if relevant; and
 (ii) details of prior TNF alfa antagonist treatment including details of date and duration of treatment.

A maximum of 16 weeks of treatment will be approved under this criterion.

Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats. Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

Authority required

Initial 1

Initial treatment of Crohn disease in a patient with extensive small intestine disease.

Initial PBS-subsidised treatment with adalimumab by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with severe refractory Crohn disease who satisfies the following criteria:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or consultant physician as specified in the NOTE below; and
 (b) has extensive small intestinal disease with radiological evidence of intestinal inflammation affecting more than 50 cm of the small intestine; and
 (c) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
 (d) has failed to achieve an adequate response to prior systemic therapy including:
 (i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and
 (ii) immunosuppressive therapy including:
 — azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
 — 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
 — methotrexate at a dose of at least 15 mg weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

Antineoplastic and immunomodulating agents

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<p>The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:</p> <p>(a) have severity of disease activity which results in a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; AND/OR</p> <p>(b) have evidence of active intestinal inflammation, including:</p> <p>(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; AND/OR</p> <p>(ii) faeces: higher than normal lactoferrin or calprotectin level; AND/OR</p> <p>(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery; AND/OR</p> <p>(c) be assessed clinically as being in a high faecal output state; AND/OR</p> <p>(d) be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of adalimumab.</p> <p>All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.</p> <p>Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.</p> <p>Applications for authorisation must be made in writing and must include:</p> <p>(a) two completed authority prescription forms; and</p> <p>(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:</p> <p>(i) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and</p> <p>(ii) (1) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; or</p> <p>(2) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the dates of assessment of the patient's condition, if relevant; and</p> <p>(iii) date of the most recent clinical assessment; and</p> <p>(iv) the signed patient acknowledgement.</p> <p>All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application.</p> <p>A maximum of 16 weeks treatment of adalimumab will be authorised under this criterion.</p> <p>Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats. Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.</p> <p>The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy after the first dose so that there is adequate time for a response to be demonstrated.</p> <p>This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.</p> <p>It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.</p>							
Note							
No applications for increased maximum quantities and/or repeats will be authorised.							
9186L	Injection 40 mg in 0.8 mL pre-filled syringe, 6	1	..	..	5036.36	35.40	Humira AB
9187M	Injection 40 mg in 0.8 mL pre-filled pen, 6	1	..	..	5036.36	35.40	Humira AB
9188N	Injection 40 mg in 0.8 mL pre-filled syringe	2	2	..	1774.36	35.40	Humira AB
9190Q	Injection 40 mg in 0.8 mL pre-filled pen	2	2	..	1774.36	35.40	Humira AB

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					\$	\$	

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for adult patients with severe refractory Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 August 2008, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 August 2008 is considered to be in their first cycle as of 1 August 2008.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2008.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2008, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

Antineoplastic and immunomodulating agents

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					\$	\$	

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment. Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, evidence of intestinal inflammation), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for severe refractory Crohn disease prior to 9 November 2007 or infliximab prior to 7 March 2007 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify

Antineoplastic and immunomodulating agents

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for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 3 (grandfather)

Initial PBS-subsidised treatment of Crohn disease in a patient assessed by CDAI who has previously received non-PBS-subsidised therapy with adalimumab.

Initial PBS-subsidised supply for continuing treatment with adalimumab by a gastroenterologist, a consultant physician as specified in the NOTE below, or other consultant physician in consultation with a gastroenterologist of a patient who:

- (a) has a documented history of severe refractory Crohn disease and was receiving treatment with adalimumab prior to 9 November 2007; and
- (b) had a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 prior to commencing treatment with adalimumab. Where a baseline CDAI assessment is not available, please call Medicare Australia on 1800 700 270 to discuss; and
- (c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) has demonstrated or sustained an adequate response to treatment with adalimumab. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to adalimumab treatment is defined as a reduction in Crohn Disease Activity Index (CDAI) Score to no greater than 150.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and baseline Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition; and
 - (ii) the signed patient acknowledgement.

The current CDAI assessment must be no more than 1 month old at the time of application. The baseline CDAI assessment must be from immediately prior to commencing treatment with adalimumab.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with adalimumab.

A maximum of 24 weeks treatment will be approved under this criterion.

Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Authority required

Continuing treatment of Crohn disease in a patient assessed by CDAI.

Continuing PBS-subsidised treatment with adalimumab by a gastroenterologist, a consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of severe refractory Crohn disease; and
- (b) has demonstrated or sustained an adequate response to treatment with adalimumab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to adalimumab treatment is defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition.

The CDAI assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with adalimumab, a CDAI assessment of the patient's response to this initial course

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					\$	\$	
of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.							

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with adalimumab.

Patients are eligible to receive continuing adalimumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

A maximum of 24 weeks treatment will be authorised under this criterion.

Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment of Crohn disease in a patient with short gut syndrome or an ostomy patient.

Continuing PBS-subsidised treatment with adalimumab by a gastroenterologist, a consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of severe refractory Crohn disease with intestinal inflammation and with short gut syndrome or with an ileostomy or colostomy; and
- (b) has demonstrated or sustained an adequate response to treatment with adalimumab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to adalimumab treatment is defined as:

- (a) improvement of intestinal inflammation as demonstrated by:
 - (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR
 - (ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR
 - (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or
- (b) reversal of high faecal output state; or
- (c) avoidance of the need for surgery or total parenteral nutrition (TPN).

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy or the date of clinical assessment.

The patient's assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with adalimumab, an assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy after the first dose so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with adalimumab.

Patients are eligible to receive continuing adalimumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

A maximum of 24 weeks of treatment will be authorised under this criterion.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment of Crohn disease in a patient with extensive small intestine disease.

Continuing PBS-subsidised treatment with adalimumab by a gastroenterologist, or consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of severe refractory Crohn disease with extensive intestinal inflammation affecting more than 50 cm of the small intestine; and

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	(b) has demonstrated or sustained an adequate response to treatment with adalimumab.						

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to adalimumab treatment is defined as:

- (a) a reduction in Crohn Disease Activity Index (CDAI) Score to no greater than 150; or
- (b) improvement of intestinal inflammation as demonstrated by:
 - (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR
 - (ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR
 - (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or
 - (c) reversal of high faecal output state; or
 - (d) avoidance of the need for surgery or total parenteral nutrition (TPN).

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition; or
 - (ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy; or
 - (iii) the date of clinical assessment.

All assessments must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with adalimumab, an assessment of the patient's response must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with adalimumab.

Patients are eligible to receive continuing adalimumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

A maximum of 24 weeks treatment will be authorised under this criterion.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial 3

Initial PBS-subsidised treatment of Crohn disease in a patient with short gut syndrome, an ostomy patient, or a patient with extensive small intestine disease, who has previously received non-PBS-subsidised therapy with adalimumab.

Initial PBS-subsidised supply for continuing treatment with adalimumab by a gastroenterologist, a consultant physician as specified in the NOTE below, or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of severe refractory Crohn disease and was receiving treatment with adalimumab prior to 9 November 2007; and
- (b) (1) has a history of extensive small intestinal disease with radiological evidence of intestinal inflammation affecting more than 50 cm of the small intestine; or
- (2) has diagnostic imaging or surgical evidence of short gut syndrome or has an ileostomy or colostomy with a documented history of intestinal inflammation; and
- (c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) has demonstrated or sustained an adequate response to treatment with adalimumab according to the criteria included in the relevant continuation restriction. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

The same criteria used to determine an inadequate response to prior treatment at baseline must be used to determine response to treatment and eligibility for continuing therapy, according to the criteria included in the continuing treatment restriction.

An adequate response to adalimumab treatment is defined as:

- (a) a reduction in Crohn Disease Activity Index (CDAI) Score to no greater than 150; or
- (b) improvement of intestinal inflammation as demonstrated by:
 - (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR

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- (ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR
 (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or
 (c) reversal of high faecal output state; or
 (d) avoidance of the need for surgery or total parenteral nutrition (TPN).

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) (1) the completed current and baseline Crohn Disease Activity Index (CDAI) Score calculation sheet, where relevant, including the date of the assessment of the patient's condition; or
 - (2) the reports and dates of the current and baseline pathology or diagnostic imaging test(s) in order to assess response to therapy; or
 - (3) the date of clinical assessment(s); and
 - (ii) the signed patient acknowledgement.

The patient's assessment must be no more than 1 month old at the time of application. The baseline CDAI assessments must be from immediately prior to commencing treatment with adalimumab. Where a baseline assessment is not available, please call Medicare Australia on 1800 700 270 to discuss.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with adalimumab.

Patients are eligible to receive continuing adalimumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

Patients who fail to demonstrate or sustain a response to treatment with adalimumab for Crohn disease as specified in the criteria for continuing treatment with adalimumab, will not be eligible to recommence PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.

A maximum of 24 weeks treatment will be authorised under this criterion.

Where fewer than 5 repeats are requested at the time of this application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9189P	Injection 40 mg in 0.8 mL pre-filled syringe	2	5	..	1774.36	35.40	Humira	AB
9191R	Injection 40 mg in 0.8 mL pre-filled pen	2	5	..	1774.36	35.40	Humira	AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents adalimumab, etanercept, infliximab and ustekinumab, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, infliximab and ustekinumab.

Antineoplastic and immunomodulating agents

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From 1 March 2010, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept, infliximab or ustekinumab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

A patient who received PBS-subsidised biological agent treatment for chronic plaque psoriasis prior to 1 March 2010 is considered to be in their first Cycle as of 1 March 2010.

Patients are eligible for PBS-subsidised treatment with only 1 biological agent at any 1 time.

Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for a PBS-subsidised biological agent, they must change to an alternate agent if they wish to continue PBS-subsidised biological treatment. A patient who, prior to 1 March 2010, was authorised to receive PBS-subsidised initial treatment for chronic plaque psoriasis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2010.

Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological agent therapy before they are eligible to commence the next Cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological agent treatment in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Treatment Cycle.

Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 March 2010.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made in the following situations:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); or
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under '(4) Swapping therapy' below]; or
- (iii) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).

All applications for initial treatment will be limited to provide for a maximum of 16 weeks of treatment in the case of adalimumab and etanercept, 22 weeks of treatment in the case of infliximab and 28 weeks of treatment in the case of ustekinumab.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological agent, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this initial treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Application for continuing treatment.

Following the completion of an initial treatment course of a biological agent to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with that biological agent. Patients are eligible to continue to receive continuous treatment with 24 week courses providing they continue to sustain a response.

For second and subsequent courses of PBS-subsidised treatment with adalimumab, etanercept, infliximab or ustekinumab it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a

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response to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

(4) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate agent within the same Treatment Cycle without having to requalify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular agent within the same Cycle.

Patients who commenced treatment with adalimumab prior to 1 June 2009 or ustekinumab prior to 1 March 2010 access these interchangeability arrangements in the same way as patients who have not.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.

(5) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a Treatment Cycle and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.

(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.

Authority required

Initial treatment [Initial 1, Whole body (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis; and
- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (whole body); and
- (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 - (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 - (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 - (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

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(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]]; and
 - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 - (iii) the signed patient and prescriber acknowledgements.

A maximum of 16 weeks of treatment with adalimumab will be authorised under this restriction.

Where fewer than 4 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

Authority required

Initial or re-Treatment [Initial 2, Whole body (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis; and
- (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have not failed PBS-subsidised therapy with adalimumab for the treatment of this condition in the current Treatment Cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]]; and
 - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

Applications for patients who have demonstrated a response to PBS-subsidised adalimumab treatment within this Treatment Cycle and who wish to re-commence adalimumab treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised adalimumab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.

A maximum of 16 weeks of treatment with adalimumab will be authorised under this restriction.

Where fewer than 4 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.

A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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					\$	\$	

Authority required

Initial treatment [Initial 1, Face, hand, foot (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (face, hand, foot); and
- (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 - (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 - (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 - (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:
 - (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or
 - (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.
- (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] and
 - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 - (iii) the signed patient and prescriber acknowledgements.

A maximum of 16 weeks of treatment with adalimumab will be authorised under this restriction.

Where fewer than 4 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Authority required

Initial or re-Treatment [Initial 2, Face, hand, foot (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have not failed PBS-subsidised therapy with adalimumab for the treatment of this condition in the current Treatment Cycle.

Antineoplastic and immunomodulating agents

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
<p>Applications for authorisation must be made in writing and must include:</p> <p>(a) a completed authority prescription form; and</p> <p>(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:</p> <p>(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and</p> <p>(ii) details of prior biological treatment, including dosage, date and duration of treatment.</p> <p>Applications for patients who have demonstrated a response to PBS-subsidised adalimumab treatment within this Treatment Cycle and who wish to re-commence adalimumab treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised adalimumab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.</p> <p>A maximum of 16 weeks of treatment with adalimumab will be authorised under this restriction.</p> <p>Where fewer than 4 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.</p> <p>A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.</p> <p>It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.</p> <p>The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.</p> <p>Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.</p> <p>Note No applications for increased maximum quantities and/or repeats will be authorised.</p> <p>Note Special Pricing Arrangements apply.</p>							
9425C	Injection 40 mg in 0.8 mL pre-filled syringe	2	4	..	1774.36	35.40	Humira AB
9426D	Injection 40 mg in 0.8 mL pre-filled pen	2	4	..	1774.36	35.40	Humira AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents adalimumab, etanercept, infliximab and ustekinumab, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, infliximab and ustekinumab.

Antineoplastic and immunomodulating agents

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
					\$	\$	

From 1 March 2010, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept, infliximab or ustekinumab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

A patient who received PBS-subsidised biological agent treatment for chronic plaque psoriasis prior to 1 March 2010 is considered to be in their first Cycle as of 1 March 2010.

Patients are eligible for PBS-subsidised treatment with only 1 biological agent at any 1 time.

Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for a PBS-subsidised biological agent, they must change to an alternate agent if they wish to continue PBS-subsidised biological treatment. A patient who, prior to 1 March 2010, was authorised to receive PBS-subsidised initial treatment for chronic plaque psoriasis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2010.

Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological agent therapy before they are eligible to commence the next Cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological agent treatment in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Treatment Cycle.

Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 March 2010.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made in the following situations:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); or
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under '(4) Swapping therapy' below]; or
- (iii) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).

All applications for initial treatment will be limited to provide for a maximum of 16 weeks of treatment in the case of adalimumab and etanercept, 22 weeks of treatment in the case of infliximab and 28 weeks of treatment in the case of ustekinumab.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological agent, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this initial treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Application for continuing treatment.

Following the completion of an initial treatment course of a biological agent to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with that biological agent. Patients are eligible to continue to receive continuous treatment with 24 week courses providing they continue to sustain a response.

For second and subsequent courses of PBS-subsidised treatment with adalimumab, etanercept, infliximab or ustekinumab it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a

Antineoplastic and immunomodulating agents

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

response to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

(4) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate agent within the same Treatment Cycle without having to requalify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular agent within the same Cycle.

Patients who commenced treatment with adalimumab prior to 1 June 2009 or ustekinumab prior to 1 March 2010 access these interchangeability arrangements in the same way as patients who have not.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.

(5) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a Treatment Cycle and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.

(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.

Authority required

Continuing treatment (Whole body)

Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:

- (a) who have a documented history of severe chronic plaque psoriasis; and
- (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with adalimumab; and
- (c) who have demonstrated an adequate response to their most recent course of treatment with adalimumab.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-biological treatment baseline value for this Treatment Cycle.

This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet along with the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with adalimumab.

A maximum of 24 weeks of treatment with adalimumab will be authorised under this restriction.

Where fewer than 5 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a

Antineoplastic and immunomodulating agents

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
					\$	\$	

maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.

A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Continuing treatment (Face, hand, foot)

Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:

- (a) who have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with adalimumab; and
- (c) who have demonstrated an adequate response to treatment with adalimumab.

An adequate response to adalimumab treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

- (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or
- (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams along with the date of the assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

The most recent PASI assessment must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with adalimumab will be authorised under this restriction.

Where fewer than 5 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.

A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Antineoplastic and immunomodulating agents

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
					\$	\$	
Note Special Pricing Arrangements apply.							
9427E	Injection 40 mg in 0.8 mL pre-filled syringe	2	5	..	1774.36	35.40	Humira AB
9428F	Injection 40 mg in 0.8 mL pre-filled pen	2	5	..	1774.36	35.40	Humira AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any one time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

Antineoplastic and immunomodulating agents

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

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice within the current treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised therapy' above for further details.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Authority required

Initial 1 (new patient or patient recommencing after a break of more than 12 months).

Initial treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of a patient aged 18 years or older who:

- (a) has a documented history of juvenile idiopathic arthritis with onset prior to the age of 18 years; AND
- (b) has received no PBS-subsidised treatment with a bDMARD for this condition in the previous 12 months; and
- (c) has failed to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg per day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialed, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) an active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and

Antineoplastic and immunomodulating agents

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
	(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and (3) a signed patient acknowledgement.						
	A maximum of 16 weeks of treatment will be authorised under this restriction.						
	Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).						
	Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment.						
	Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.						
	If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 5 years have elapsed between the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application under a new treatment cycle.						
	<u>Authority required</u> Initial 2 (change or re-commencement after break of less than 12 months).						
	Initial PBS-subsidised treatment with adalimumab by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of a patient aged 18 years or older who: (a) has a documented history of juvenile idiopathic arthritis with onset prior to the age of 18 years; AND (b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or etanercept for this condition; and (c) has not failed PBS-subsidised therapy with adalimumab for this condition more than once in the current treatment cycle.						
	The authority application must be made in writing and must include: (a) a completed authority prescription form; and (b) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].						
	Applications for a patient who has received PBS-subsidised treatment with adalimumab in this treatment cycle and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised adalimumab treatment, within the timeframes specified below.						
	A maximum of 16 weeks of treatment will be authorised under this restriction.						
	Where fewer than 3 repeats are requested at the time of the initial authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).						
	Where the most recent course of PBS-subsidised adalimumab treatment was approved under either of the initial 1 or 2 treatment restrictions, the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.						
	Where the most recent course of PBS-subsidised adalimumab treatment was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.						
	Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to that particular course of bDMARD.						
	If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 5 years have elapsed between the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application under a new treatment cycle.						
5281Y	Injection 40 mg in 0.8 mL pre-filled syringe	2	3	..	1774.36	35.40	Humira AB
5282B	Injection 40 mg in 0.8 mL pre-filled pen	2	3	..	1774.36	35.40	Humira AB

ADALIMUMAB

Note

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

Antineoplastic and immunomodulating agents

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

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

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

Note

TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any one time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

Antineoplastic and immunomodulating agents

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 patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice within the current treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised therapy' above for further details.

Authority required

Initial 3 ('grandfather' patients).

Initial PBS-subsidised supply for continuing treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of a patient aged 18 years or older who:

- has a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years; and
- was receiving treatment with adalimumab prior to 1 March 2010; and
- has demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with adalimumab; and
- is receiving treatment with adalimumab at the time of application.

The authority application must be made in writing and must include:

- a completed authority prescription form; and
- a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- a signed patient acknowledgement.

Antineoplastic and immunomodulating agents

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 maximum of 24 weeks of treatment with adalimumab will be approved under this criterion.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

The same indices of disease severity used to establish baseline at the commencement of treatment with a bDMARD must be used for assessment of all continuing applications.

The assessment of the patient's response to a continuing course of therapy must be made within 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled in order to ensure continuity of treatment for those patients who meet the continuation criterion.

A patient may qualify for PBS-subsidised treatment under this restriction once only.

Authority required

Continuing treatment.

Continuing PBS-subsidised treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of a patient aged 18 years or older:

- (a) who has a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years; and
- (b) who has demonstrated an adequate response to treatment with adalimumab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with adalimumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (i) an active joint count of fewer than 10 active (swollen and tender) joints; or
- (ii) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
- (iii) a reduction in the number of the following active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with adalimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 5 years have elapsed between the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application under a new treatment cycle.

5283C	Injection 40 mg in 0.8 mL pre-filled syringe	2	5	..	1774.36	35.40	Humira	AB
5284D	Injection 40 mg in 0.8 mL pre-filled pen	2	5	..	1774.36	35.40	Humira	AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

Antineoplastic and immunomodulating agents

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
					\$	\$	

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

Note

TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for patients with complex refractory fistulising Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 April 2011 is considered to be in their first cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive

Antineoplastic and immunomodulating agents

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
					\$	\$	
	continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.						

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for complex refractory fistulising Crohn disease prior to 4 November 2010 or infliximab prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1

Initial treatment of complex refractory FISTULISING CROHN DISEASE.

Initial PBS-subsidised treatment with adalimumab by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with complex refractory fistulising Crohn disease who:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician as specified in the NOTE below; and
- (b) has an externally draining enterocutaneous or rectovaginal fistula; and
- (c) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

Authority applications must be made in writing and must include:

Antineoplastic and immunomodulating agents

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) two completed authority prescription forms; and
 (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 (i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and
 (ii) a signed patient acknowledgement.

The most recent fistula assessment must be no more than 1 month old at the time of application.

A maximum of 16 weeks treatment will be authorised under this criterion.

Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats. Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

An assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

This assessment must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.

Authority required

Initial 2

Change or re-commencement of treatment of complex refractory FISTULISING CROHN DISEASE.

Initial PBS-subsidised treatment with adalimumab of complex refractory fistulising Crohn disease by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with complex refractory fistulising Crohn disease who:

- (a) has a documented history of complex refractory fistulising Crohn disease; and
 (b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or infliximab for a draining enterocutaneous or rectovaginal fistula; and
 (c) has not failed PBS-subsidised therapy with adalimumab for this condition more than once in the current treatment cycle.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the time frames specified in the relevant restriction.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

Authority applications must be made in writing and must include:

- (a) two completed authority prescription forms; and
 (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 (i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and
 details of prior TNF-alfa antagonist treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 1 month old at the time of application.

A maximum of 16 weeks treatment will be authorised under this criterion.

Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats. Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Antineoplastic and immunomodulating agents

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
					\$	\$	
An assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.							
This assessment must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.							
It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised adalimumab treatment.							
<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.							
8961P	Injection 40 mg in 0.8 mL pre-filled syringe, 6	1	..	..	5036.36	35.40	Humira AB
8962Q	Injection 40 mg in 0.8 mL pre-filled pen, 6	1	..	..	5036.36	35.40	Humira AB
8963R	Injection 40 mg in 0.8 mL pre-filled syringe	2	2	..	1774.36	35.40	Humira AB
8965W	Injection 40 mg in 0.8 mL pre-filled pen	2	2	..	1774.36	35.40	Humira AB

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for patients with complex refractory fistulising Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 April 2011 is considered to be in their first cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 April 2011.

Antineoplastic and immunomodulating agents

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) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

Antineoplastic and immunomodulating agents

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 patient who commenced treatment with adalimumab for complex refractory fistulising Crohn disease prior to 4 November 2010 or infliximab prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 3 (grandfather)

Initial PBS-subsidised treatment of complex refractory FISTULISING CROHN DISEASE in a patient who has previously received non-PBS-subsidised therapy with adalimumab.

Initial PBS-subsidised supply for continuing treatment with adalimumab by a gastroenterologist, a consultant physician as specified in the NOTE below, or other consultant physician in consultation with a gastroenterologist of a patient who satisfies the following criteria:

- (a) has a documented history of complex refractory fistulising Crohn disease and was receiving treatment with adalimumab prior to 4 November 2010; and
- (b) had a draining enterocutaneous or rectovaginal fistula(e) prior to commencing treatment with adalimumab; and
- (c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) is receiving treatment with adalimumab at the time of application; and
- (e) has demonstrated or sustained an adequate response to treatment with adalimumab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to adalimumab treatment is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) a completed current and baseline Fistula Assessment form including the date of assessment of the patient's condition; and
 - (ii) a signed patient acknowledgement.

The current fistula assessment must be no more than 1 month old at the time of application.

The baseline fistula assessment must be from immediately prior to commencing treatment with adalimumab.

An assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with adalimumab.

A maximum of 24 weeks treatment will be approved under this criterion.

Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Authority required

Continuing treatment of complex refractory FISTULISING CROHN DISEASE.

Continuing PBS-subsidised treatment with adalimumab by a gastroenterologist, a consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of complex refractory fistulising Crohn disease; and
- (b) has demonstrated or sustained an adequate response to treatment with adalimumab.

Antineoplastic and immunomodulating agents

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
					\$	\$	

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The fistula assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with adalimumab, an assessment of the patient's response must be made following a minimum of 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.

An assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with adalimumab.

Patients are eligible to receive continuing adalimumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

A maximum of 24 weeks treatment will be authorised under this criterion.

Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8964T	Injection 40 mg in 0.8 mL pre-filled syringe	2	5	..	1774.36	35.40	Humira	AB
8966X	Injection 40 mg in 0.8 mL pre-filled pen	2	5	..	1774.36	35.40	Humira	AB

CERTOLIZUMAB PEGOL

Note

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

Further prescribing information (including Authority Application Forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.

Written applications for authority to prescribe certolizumab pegol should be forwarded to:

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

Antineoplastic and immunomodulating agents

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
					\$	\$	

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Antineoplastic and immunomodulating agents

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
					\$	\$	

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with certolizumab pegol, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and

Antineoplastic and immunomodulating agents

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for	Brand Name and Manufacturer
					Max. Qty \$	Safety Net \$	
	(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and						
	(3) a signed patient acknowledgement.						

A maximum of 18 to 20 weeks of treatment depending on the dosage regimen will be authorised under this restriction.

Where fewer than 5 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 18 or 20 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with certolizumab pegol.

Patients who fail to demonstrate a response to treatment with certolizumab pegol under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with certolizumab pegol, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have a documented history of severe active rheumatoid arthritis; and
- (b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with certolizumab pegol and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised certolizumab pegol treatment, within the timeframes specified below.

A maximum of 18 to 20 weeks of treatment depending on the dosage regimen will be authorised under this restriction.

Where fewer than 5 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 18 or 20 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised certolizumab pegol treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised certolizumab pegol treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Patients who fail to demonstrate a response to treatment with certolizumab pegol under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with certolizumab pegol, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with certolizumab pegol; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with certolizumab pegol.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Antineoplastic and immunomodulating agents

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
					\$	\$	

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with certolizumab pegol must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with certolizumab pegol, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

Patients who fail to demonstrate a response to treatment with certolizumab pegol under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

Special Pricing Arrangements apply.

3425G	Injection 200 mg in 1 mL single use pre-filled syringe	2	5	..	1708.64	35.40	Cimzia	UC
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ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

Antineoplastic and immunomodulating agents

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 patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

Antineoplastic and immunomodulating agents

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					\$	\$	

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

Antineoplastic and immunomodulating agents

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
					\$	\$	
	— hydroxychloroquine at a dose of at least 200 mg daily; and/or — leflunomide at a dose of at least 10 mg daily; and/or — sulfasalazine at a dose of at least 2 g daily.						

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.

Antineoplastic and immunomodulating agents

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	
Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.								
<u>Authority required</u>								
Initial 2 (change or re-commencement after break of less than 24 months)								
Initial course of PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:								
(a) have a documented history of severe active rheumatoid arthritis; and								
(b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.								
The authority application must be made in writing and must include:								
(1) a completed authority prescription form; and								
(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].								
Applications for patients who have received PBS-subsidised treatment with etanercept and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised etanercept treatment, within the timeframes specified below.								
A maximum of 16 weeks of treatment will be authorised under this restriction.								
Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).								
Where the most recent course of PBS-subsidised etanercept treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.								
Where the most recent course of PBS-subsidised etanercept treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.								
Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
<u>Note</u>								
Special Pricing Arrangements apply.								
8637N	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	3	..	*1829.00	35.40	Enbrel	PF
9089J	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	3	..	1774.37	35.40	Enbrel	PF
9459W	Injection 50 mg in 1 mL single use auto-injector, 4	1	3	..	1774.37	35.40	Enbrel	PF

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

Antineoplastic and immunomodulating agents

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two

Antineoplastic and immunomodulating agents

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
					\$	\$	

prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment

Antineoplastic and immunomodulating agents

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

with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with etanercept; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with etanercept.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Special Pricing Arrangements apply.

8638P	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	5	..	*1829.00	35.40	Enbrel	PF
9090K	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	5	..	1774.37	35.40	Enbrel	PF
9460X	Injection 50 mg in 1 mL single use auto-injector, 4	1	5	..	1774.37	35.40	Enbrel	PF

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

Antineoplastic and immunomodulating agents

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
					\$	\$	

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialed it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Initial 1

Initial PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have severe active psoriatic arthritis; and
- (2) have received no prior PBS-subsidised biological treatment for this condition in this Treatment Cycle; and
- (3) have failed to achieve an adequate response to:
 - (a) methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; and
 - (b) sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; or
 - (c) leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities, including severity, can be found on the

Antineoplastic and immunomodulating agents

							Maximum Recordable Value for Safety Net	
	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty \$		\$	Brand Name and Manufacturer
Code	Medicare Australia website (www.medicareaustralia.gov.au).							

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(i) an active joint count of at least 20 active (swollen and tender) joints; or

(ii) at least 4 active joints from the following list of major joints:

— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and

(3) a signed patient acknowledgement.

A maximum of 16 weeks treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial etanercept after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Initial 2

Initial PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

(1) have a documented history of severe active psoriatic arthritis; and

(2) have received prior PBS-subsidised biological treatment for this condition in this Treatment Cycle and are eligible to receive further biological therapy; and

(3) have not failed treatment with etanercept during the current Treatment Cycle.

Applications for patients who have received PBS-subsidised treatment with etanercept within this Treatment Cycle and who wish to re-commence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised etanercept treatment, within the timeframes specified below.

A maximum of 16 weeks treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised etanercept treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised etanercept treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised

Antineoplastic and immunomodulating agents

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
					\$	\$	
treatment with this drug, in this Treatment Cycle. Patients may re-trial etanercept after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
9035M	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	3	..	*1829.00	35.40	Enbrel PF
9087G	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	3	..	1774.37	35.40	Enbrel PF
9457R	Injection 50 mg in 1 mL single use auto-injector, 4	1	3	..	1774.37	35.40	Enbrel PF

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

Antineoplastic and immunomodulating agents

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
					\$	\$	

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialed it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

Antineoplastic and immunomodulating agents

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
					\$	\$	

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with etanercept, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults:

- (1) who have a documented history of severe active psoriatic arthritis; and
- (2) whose most recent course of PBS-subsidised biological agent for this condition in the current Treatment Cycle was with etanercept; and
- (3) who, at the time of application, demonstrate an adequate response to treatment with etanercept.

An adequate response to treatment with etanercept is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial etanercept after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9036N	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	5	..	*1829.00	35.40	Enbrel	PF
9088H	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	5	..	1774.37	35.40	Enbrel	PF
9458T	Injection 50 mg in 1 mL single use auto-injector, 4	1	5	..	1774.37	35.40	Enbrel	PF

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826

Antineoplastic and immunomodulating agents

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
					\$	\$	
	GPO Box 9826 HOBART TAS 7001						

Note

TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept, golimumab and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept, golimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 4 TNF-alfa antagonists at any 1 time.

From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised TNF-alfa antagonists without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept and golimumab and 18 weeks of treatment for infliximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.

A patient who commenced treatment with golimumab for active ankylosing spondylitis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with golimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with golimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1 (new patients)

Initial PBS-subsidised treatment with etanercept, by a rheumatologist, of an adult with active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who has not received any PBS-subsidised treatment with either adalimumab, etanercept, golimumab or infliximab in this treatment cycle; AND

(a) who has at least 2 of the following:

- (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or
- (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI) [for further information on the BASMI please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; or
- (iii) limitation of chest expansion relative to normal values for age and gender [for chest expansion normal values please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; AND

Antineoplastic and immunomodulating agents

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
					\$	\$	

(b) who has failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

The application must include details of the NSAIDs trialled, their doses and duration of treatment. If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance. Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Medicare Australia website at www.medicareaustralia.gov.au.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

- (a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND
- (b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which must include the following:
 - (i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
 - (ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and
 - (iii) a completed Exercise Program Self Certification Form included in the supporting information form; and
 - (iv) a signed patient acknowledgment form.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 16 weeks of treatment with etanercept will be approved under this criterion.

Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial etanercept after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Authority required

Initial 2 (change or re-commencement for all patients)

Initial PBS-subsidised treatment with etanercept, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who, in this treatment cycle, has received prior PBS-subsidised TNF-alfa antagonist treatment for this condition and is eligible to receive further TNF-alfa antagonist therapy, and has not failed PBS-subsidised therapy with etanercept in the current treatment cycle.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised TNF-alfa antagonist therapy or, under this restriction, for patients who have received previous PBS-subsidised TNF-alfa antagonist therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to Medicare Australia no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where the most recent course of PBS-subsidised etanercept treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].

A maximum of 16 weeks of treatment with etanercept will be approved under this criterion.

Antineoplastic and immunomodulating agents

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
	Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.						
	Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial etanercept after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.						
	<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.						
8778B	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	3	..	*1829.00	35.40	Enbrel PF
9085E	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	3	..	1774.37	35.40	Enbrel PF
9455P	Injection 50 mg in 1 mL single use auto-injector, 4	1	3	..	1774.37	35.40	Enbrel PF

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept, golimumab and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept, golimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 4 TNF-alfa antagonists at any 1 time.

From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised TNF-alfa antagonists without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

Antineoplastic and immunomodulating agents

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
					\$	\$	

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept and golimumab and 18 weeks of treatment for infliximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.

Antineoplastic and immunomodulating agents

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
					\$	\$	

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.

A patient who commenced treatment with golimumab for active ankylosing spondylitis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with golimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with golimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Continuing treatment for all patients

Continuing PBS-subsidised treatment, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who:

- (a) has demonstrated an adequate response to treatment with etanercept; and
- (b) whose most recent course of PBS-subsidised therapy in this treatment cycle was with etanercept.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].

All measurements provided must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with etanercept will be authorised under this criterion.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.

All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment following an initial treatment course it must be made following a minimum of 12 weeks of treatment with etanercept. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with etanercept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial etanercept after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8779C	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	5	..	*1829.00	35.40	Enbrel	PF
9086F	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	5	..	1774.37	35.40	Enbrel	PF
9456Q	Injection 50 mg in 1 mL single use auto-injector, 4	1	5	..	1774.37	35.40	Enbrel	PF

Antineoplastic and immunomodulating agents

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
					\$	\$	

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents adalimumab, etanercept, infliximab and ustekinumab, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, infliximab and ustekinumab.

From 1 March 2010, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept, infliximab or ustekinumab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

A patient who received PBS-subsidised biological agent treatment for chronic plaque psoriasis prior to 1 March 2010 is considered to be in their first Cycle as of 1 March 2010.

Patients are eligible for PBS-subsidised treatment with only 1 biological agent at any 1 time.

Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for a PBS-subsidised biological agent, they must change to an alternate agent if they wish to continue PBS-subsidised biological treatment. A patient who, prior to 1 March 2010, was authorised to receive PBS-subsidised initial treatment for chronic plaque psoriasis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2010.

Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological agent therapy before they are eligible to commence the next Cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological agent treatment in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Treatment Cycle.

Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 March 2010.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made in the following situations:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); or
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).

Antineoplastic and immunomodulating agents

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

All applications for initial treatment will be limited to provide for a maximum of 16 weeks of treatment in the case of adalimumab and etanercept, 22 weeks of treatment in the case of infliximab and 28 weeks of treatment in the case of ustekinumab.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological agent, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this initial treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Application for continuing treatment.

Following the completion of an initial treatment course of a biological agent to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with that biological agent. Patients are eligible to continue to receive continuous treatment with 24 week courses providing they continue to sustain a response.

For second and subsequent courses of PBS-subsidised treatment with adalimumab, etanercept, infliximab or ustekinumab it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a response to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

(4) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate agent within the same Treatment Cycle without having to requalify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular agent within the same Cycle.

Patients who commenced treatment with adalimumab prior to 1 June 2009 or ustekinumab prior to 1 March 2010 access these interchangeability arrangements in the same way as patients who have not.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.

(5) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a Treatment Cycle and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.

(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.

Authority required

Initial treatment [Initial 1, Whole body (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

(a) have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis; and

Antineoplastic and immunomodulating agents

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
					\$	\$	

- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
 (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (whole body); and
 (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
 (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.
 (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
 (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
 (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 (iii) the signed patient and prescriber acknowledgements.

A maximum of 16 weeks of treatment with etanercept will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised etanercept treatment.

Authority required

Initial or re-Treatment [Initial 2, Whole body (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis; and
 (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
 (c) have not failed PBS-subsidised therapy with etanercept for the treatment of this condition in the current Treatment Cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
 (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
 (ii) details of prior biological treatment, including dosage, date and duration of treatment.

Applications for patients who have demonstrated a response to PBS-subsidised etanercept treatment within this Treatment Cycle and who wish to re-commence etanercept treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised etanercept treatment has been submitted to Medicare Australia within 1 month of cessation

Antineoplastic and immunomodulating agents

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
					\$	\$	

of treatment.

A maximum of 16 weeks of treatment with etanercept will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised etanercept treatment.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Initial treatment [Initial 1, Face, hand, foot (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (face, hand, foot); and
- (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 - (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 - (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 - (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:
 - (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or
 - (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.
- (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
 - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 - (iii) the signed patient and prescriber acknowledgements.

A maximum of 16 weeks of treatment with etanercept will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a

Antineoplastic and immunomodulating agents

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					\$	\$	

maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised etanercept treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Authority required

Initial or re-Treatment [Initial 2, Face, hand, foot (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have not failed PBS-subsidised therapy with etanercept for the treatment of this condition in the current Treatment Cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
 - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

Applications for patients who have demonstrated a response to PBS-subsidised etanercept treatment within this Treatment Cycle and who wish to re-commence etanercept treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised etanercept treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.

A maximum of 16 weeks of treatment with etanercept will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 16 weeks.

A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised etanercept treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Special Pricing Arrangements apply.

9037P	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	3	..	*1829.00	35.40	Enbrel	PF
9091L	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	3	..	1774.37	35.40	Enbrel	PF

Antineoplastic and immunomodulating agents

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
9461Y	Injection 50 mg in 1 mL single use auto-injector, 4	1	3	..	1774.37	35.40	Enbrel PF

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents adalimumab, etanercept, infliximab and ustekinumab, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, infliximab and ustekinumab.

From 1 March 2010, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept, infliximab or ustekinumab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

A patient who received PBS-subsidised biological agent treatment for chronic plaque psoriasis prior to 1 March 2010 is considered to be in their first Cycle as of 1 March 2010.

Patients are eligible for PBS-subsidised treatment with only 1 biological agent at any 1 time.

Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for a PBS-subsidised biological agent, they must change to an alternate agent if they wish to continue PBS-subsidised biological treatment. A patient who, prior to 1 March 2010, was authorised to receive PBS-subsidised initial treatment for chronic plaque psoriasis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2010.

Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological agent therapy before they are eligible to commence the next Cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological agent treatment in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Treatment Cycle.

Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 March 2010.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made in the following situations:

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- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); or
(ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under '(4) Swapping therapy' below]; or
(iii) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).

All applications for initial treatment will be limited to provide for a maximum of 16 weeks of treatment in the case of adalimumab and etanercept, 22 weeks of treatment in the case of infliximab and 28 weeks of treatment in the case of ustekinumab.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological agent, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this initial treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Application for continuing treatment.

Following the completion of an initial treatment course of a biological agent to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with that biological agent. Patients are eligible to continue to receive continuous treatment with 24 week courses providing they continue to sustain a response.

For second and subsequent courses of PBS-subsidised treatment with adalimumab, etanercept, infliximab or ustekinumab it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a response to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

(4) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate agent within the same Treatment Cycle without having to requalify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular agent within the same Cycle.

Patients who commenced treatment with adalimumab prior to 1 June 2009 or ustekinumab prior to 1 March 2010 access these interchangeability arrangements in the same way as patients who have not.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.

(5) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a Treatment Cycle and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.

(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on

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treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.

Authority required

Continuing treatment (Whole body)

Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:

- (a) who have a documented history of severe chronic plaque psoriasis; and
- (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with etanercept; and
- (c) who have demonstrated an adequate response to their most recent course of treatment with etanercept.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-biological treatment baseline value for this Treatment Cycle.

This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet along with the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with etanercept.

A maximum of 24 weeks of treatment with etanercept will be authorised under this restriction.

Where fewer than 5 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.

A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised etanercept treatment.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Continuing treatment (Face, hand, foot)

Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:

- (a) who have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with etanercept; and
- (c) who have demonstrated an adequate response to treatment with etanercept.

An adequate response to etanercept treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

- (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or
- (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams along with the date of the assessment

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of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

The most recent PASI assessment must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with etanercept will be authorised under this restriction.

Where fewer than 5 repeats are requested at the time of the authority application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.

A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised etanercept treatment.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Special Pricing Arrangements apply.

9429G	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	5	..	*1829.00	35.40	Enbrel	PF
9431J	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	5	..	1774.37	35.40	Enbrel	PF
9462B	Injection 50 mg in 1 mL single use auto-injector, 4	1	5	..	1774.37	35.40	Enbrel	PF

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any one time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a

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patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice

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within the current treatment cycle.							

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1 (new patient or patient recommencing after a break of more than 12 months).

Initial treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of a patient aged 18 years or older who:

- (a) has a documented history of juvenile idiopathic arthritis with onset prior to the age of 18 years; AND
- (b) has received no PBS-subsidised treatment with a bDMARD for this condition in the previous 12 months; and
- (c) has failed to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg per day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialed, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium

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aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) an active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment.

Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 5 years have elapsed between the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application under a new treatment cycle.

Authority required

Initial 2 (change or re-commencement after break of less than 12 months).

Initial PBS-subsidised treatment with etanercept by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of a patient aged 18 years or older who:

- (a) has a documented history of juvenile idiopathic arthritis with onset prior to the age of 18 years; AND
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or etanercept for this condition; and
- (c) has not failed PBS-subsidised therapy with etanercept for this condition more than once in the current treatment cycle.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for a patient who has received PBS-subsidised treatment with etanercept in this treatment cycle and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised etanercept treatment,

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within the timeframes specified below.							
A maximum of 16 weeks of treatment will be authorised under this restriction.							
Where fewer than 3 repeats are requested at the time of the initial authority application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with etanercept may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).							
Where the most recent course of PBS-subsidised etanercept treatment was approved under either of the initial 1 or 2 treatment restrictions, the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.							
Where the most recent course of PBS-subsidised etanercept treatment was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.							
Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to that particular course of bDMARD.							
If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 5 years have elapsed between the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application under a new treatment cycle.							
3445H	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	3	..	*1829.00	35.40	Enbrel PF
3446J	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	3	..	1774.37	35.40	Enbrel PF
3447K	Injection 50 mg in 1 mL single use auto-injector, 4	1	3	..	1774.37	35.40	Enbrel PF

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any one time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised bDMARD therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

Antineoplastic and immunomodulating agents

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 patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle. The length of the break in therapy is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

A patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice within the current treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised therapy' above for further details.

Authority required

Continuing treatment.

Continuing PBS-subsidised treatment, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of a patient aged 18 years or older:

- (a) who has a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years; and
- (b) who has demonstrated an adequate response to treatment with etanercept; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with etanercept.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;
AND either of the following:

- (i) an active joint count of fewer than 10 active (swollen and tender) joints; or
- (ii) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or
- (iii) a reduction in the number of the following active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 5 years have elapsed between the date of the last approval for PBS-subsidised bDMARD therapy in the last treatment cycle and the date of the first application under a new treatment cycle.

3448L	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	2	5	..	*1829.00	35.40	Enbrel	PF
3449M	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	5	..	1774.37	35.40	Enbrel	PF

Antineoplastic and immunomodulating agents

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for	Brand Name and Manufacturer
					Max. Qty \$	Safety Net \$	
3450N	Injection 50 mg in 1 mL single use auto-injector, 4	1	5	..	1774.37	35.40	Enbrel PF

GOLIMUMAB

Note

Any queries concerning the arrangements to prescribe golimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab

Antineoplastic and immunomodulating agents

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for	Brand Name and Manufacturer
					Max. Qty	Safety Net	
					\$	\$	
	and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.						

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period

Antineoplastic and immunomodulating agents

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
					\$	\$	

applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with golimumab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

Antineoplastic and immunomodulating agents

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
					\$	\$	

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with golimumab.

Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with golimumab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have a documented history of severe active rheumatoid arthritis; and
- (b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with golimumab and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised golimumab treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Antineoplastic and immunomodulating agents

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
<p>Where the most recent course of PBS-subsidised golimumab treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.</p> <p>Where the most recent course of PBS-subsidised golimumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.</p> <p>Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.</p> <p><u>Note</u> Special Pricing Arrangements apply.</p>							
3426H	Injection 50 mg in 0.5 mL single use pre-filled syringe	1	3	..	1777.29	35.40	Simponi JC
3427J	Injection 50 mg in 0.5 mL single use pre-filled pen	1	3	..	1777.29	35.40	Simponi JC

GOLIMUMAB

Note

Any queries concerning the arrangements to prescribe golimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

Antineoplastic and immunomodulating agents

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

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with golimumab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with golimumab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with golimumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Antineoplastic and immunomodulating agents

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
<p>A maximum of 24 weeks of treatment will be approved under this restriction.</p> <p>Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>All applications for continuing treatment with golimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with golimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.</p> <p>Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.</p> <p>Note Special Pricing Arrangements apply.</p>							
3428K	Injection 50 mg in 0.5 mL single use pre-filled syringe	1	5	..	1777.29	35.40	Simponi JC
3429L	Injection 50 mg in 0.5 mL single use pre-filled pen	1	5	..	1777.29	35.40	Simponi JC

GOLIMUMAB

Note

Any queries concerning the arrangements to prescribe golimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Antineoplastic and immunomodulating agents

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

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialled it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these

Antineoplastic and immunomodulating agents

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
					\$	\$	
	revised baseline measurements.						

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Initial 1

Initial PBS-subsidised treatment with golimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have severe active psoriatic arthritis; and
- (2) have received no prior PBS-subsidised biological treatment for this condition in this Treatment Cycle; and
- (3) have failed to achieve an adequate response to:
 - (a) methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; and
 - (b) sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; or
 - (c) leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities, including severity, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) an active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 16 weeks treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial golimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Initial 2

Initial PBS-subsidised treatment with golimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

Antineoplastic and immunomodulating agents

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
					\$	\$	

- (1) have a documented history of severe active psoriatic arthritis; and
 (2) have received prior PBS-subsidised biological treatment for this condition in this Treatment Cycle and are eligible to receive further biological therapy; and
 (3) have not failed treatment with golimumab during the current Treatment Cycle.

Applications for patients who have received PBS-subsidised treatment with golimumab within this Treatment Cycle and who wish to re-commence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised golimumab treatment, within the timeframes specified below.

A maximum of 16 weeks treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised golimumab treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised golimumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
 (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial golimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

No applications for increased maximum quantities and/or repeats will be authorised. Applications for treatment with golimumab where the dosing frequency exceeds 50 mg every 4 weeks will not be approved.

3430M	Injection 50 mg in 0.5 mL single use pre-filled syringe	1	3	..	1777.29	35.40	Simponi	JC
3431N	Injection 50 mg in 0.5 mL single use pre-filled pen	1	3	..	1777.29	35.40	Simponi	JC

GOLIMUMAB

Note

Any queries concerning the arrangements to prescribe golimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle,

Antineoplastic and immunomodulating agents

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
					\$	\$	

patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialled it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Initial 3 — grandfather golimumab patients

Initial PBS-subsidised supply for continuing treatment with golimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have a documented history of severe active psoriatic arthritis; and
- (2) were receiving treatment with golimumab prior to 1 March 2010; and
- (3) have demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with golimumab; and
- (4) are receiving treatment with golimumab at the time of application.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 24 weeks of treatment with golimumab will be authorised under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial golimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with golimumab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults:

- (1) who have a documented history of severe active psoriatic arthritis; and
- (2) whose most recent course of PBS-subsidised biological agent for this condition in the current Treatment Cycle was with golimumab; and
- (3) who, at the time of application, demonstrate an adequate response to treatment with golimumab.

An adequate response to treatment with golimumab is defined as:

Antineoplastic and immunomodulating agents

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
	<p>an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:</p> <p>(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or</p> <p>(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:</p> <p>— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or</p> <p>— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).</p> <p>The authority application must be made in writing and must include:</p> <p>(1) a completed authority prescription form; and</p> <p>(2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].</p> <p>A maximum of 24 weeks of treatment will be approved under this restriction.</p> <p>Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>All applications for continuing treatment with golimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with golimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.</p> <p>Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial golimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.</p> <p>Note</p> <p>No applications for increased maximum quantities and/or repeats will be authorised. Applications for treatment with golimumab where the dosing frequency exceeds 50 mg every 4 weeks will not be approved.</p>						
3432P	Injection 50 mg in 0.5 mL single use pre-filled syringe	1	5	..	1777.29	35.40	Simponi JC
3433Q	Injection 50 mg in 0.5 mL single use pre-filled pen	1	5	..	1777.29	35.40	Simponi JC

GOLIMUMAB

Note

Any queries concerning the arrangements to prescribe golimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept, golimumab and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alpha antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept, golimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 4 TNF-alfa antagonists at any 1 time.

From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised TNF-alfa antagonists without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept and golimumab and 18 weeks of treatment for infliximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

Antineoplastic and immunomodulating agents

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
					\$	\$	

To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.

A patient who commenced treatment with golimumab for active ankylosing spondylitis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with golimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with golimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1 (new patients)

Initial PBS-subsidised treatment with golimumab, by a rheumatologist, of an adult with active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who has not received any PBS-subsidised treatment with either adalimumab, etanercept, golimumab or infliximab in this treatment cycle; AND

(a) who has at least 2 of the following:

- (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or
- (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI) [for further information on the BASMI please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; or
- (iii) limitation of chest expansion relative to normal values for age and gender [for chest expansion normal values please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; AND

(b) who has failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

The application must include details of the NSAIDs trialled, their doses and duration of treatment. If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance. Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Medicare Australia website at www.medicareaustralia.gov.au.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

- (a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND
- (b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

Antineoplastic and immunomodulating agents

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
					\$	\$	

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which must include the following:
 - (i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
 - (ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and
 - (iii) a completed Exercise Program Self Certification Form included in the supporting information form; and
 - (iv) a signed patient acknowledgment form.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 16 weeks of treatment with golimumab will be approved under this criterion.

Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial golimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Authority required

Initial 2 (change or re-commencement for all patients)

Initial PBS-subsidised treatment with golimumab, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who, in this treatment cycle, has received prior PBS-subsidised TNF-alfa antagonist treatment for this condition and is eligible to receive further TNF-alfa antagonist therapy, and has not failed PBS-subsidised therapy with golimumab in the current treatment cycle.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised TNF-alfa antagonist therapy or, under this restriction, for patients who have received previous PBS-subsidised TNF-alfa antagonist therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to Medicare Australia no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where the most recent course of PBS-subsidised golimumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].

A maximum of 16 weeks of treatment with golimumab will be approved under this criterion.

Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone.

Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial golimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Note

No applications for increased maximum quantities and/or repeats will be authorised. Applications for treatment with golimumab where the dosing frequency exceeds 50 mg every 4 weeks will not be approved.

3434R	Injection 50 mg in 0.5 mL single use pre-filled syringe	1	3	..	1777.29	35.40	Simponi	JC
3435T	Injection 50 mg in 0.5 mL single use pre-filled pen	1	3	..	1777.29	35.40	Simponi	JC

Antineoplastic and immunomodulating agents

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
					\$	\$	

GOLIMUMAB

Note

Any queries concerning the arrangements to prescribe golimumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept, golimumab and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept, golimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 4 TNF-alfa antagonists at any 1 time.

From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised TNF-alfa antagonists without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept and golimumab and 18 weeks of treatment for infliximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

Antineoplastic and immunomodulating agents

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
					\$	\$	

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.

A patient who commenced treatment with golimumab for active ankylosing spondylitis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with golimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with golimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Authority required

Initial ('grandfather' patients)

Initial PBS-subsidised supply for continuing treatment with golimumab, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who was receiving treatment with golimumab prior to 1 March 2010; and

- (a) has demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with golimumab; and
- (b) is receiving treatment with golimumab at the time of application.

The BASDAI assessment and ESR and/or CRP measurements provided must be no more than 1 month old at the time of application. Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which includes the following:
 - (i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
 - (ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and
 - (iii) a signed patient acknowledgment form.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of the course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A patient ceasing treatment or swapping to an alternate agent and wishing to demonstrate a response to treatment, must be assessed no earlier than 12 weeks from the commencement of PBS-subsidised treatment. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 24 weeks of treatment with golimumab will be authorised under this criterion.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.

Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial golimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Patients may only qualify for PBS-subsidised treatment under this criterion once.

Authority required

Continuing treatment for all patients

Continuing PBS-subsidised treatment, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who:

- (a) has demonstrated an adequate response to treatment with golimumab; and
- (b) whose most recent course of PBS-subsidised therapy in this treatment cycle was with golimumab.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].

All measurements provided must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with golimumab will be authorised under this criterion.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.

All applications for continuing treatment with golimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment following an initial treatment course it must be made following a minimum of 12 weeks of treatment with golimumab. If

Antineoplastic and immunomodulating agents

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
					\$	\$	
the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.							
Patients who fail to demonstrate a response to treatment with golimumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial golimumab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.							
<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised. Applications for treatment with golimumab where the dosing frequency exceeds 50 mg every 4 weeks will not be approved.							
3436W	Injection 50 mg in 0.5 mL single use pre-filled syringe	1	5	..	1777.29	35.40	Simponi JC
3437X	Injection 50 mg in 0.5 mL single use pre-filled pen	1	5	..	1777.29	35.40	Simponi JC

Interleukin inhibitors

USTEKINUMAB

Note

Any queries concerning the arrangements to prescribe ustekinumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents adalimumab, etanercept, infliximab and ustekinumab, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, infliximab and ustekinumab.

From 1 March 2010, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept, infliximab or ustekinumab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

A patient who received PBS-subsidised biological agent treatment for chronic plaque psoriasis prior to 1 March 2010 is considered to be in their first Cycle as of 1 March 2010.

Patients are eligible for PBS-subsidised treatment with only 1 biological agent at any 1 time.

Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for a PBS-subsidised biological agent, they must change to an alternate agent if they wish to continue PBS-subsidised biological treatment. A patient who, prior to 1 March 2010, was authorised to receive PBS-subsidised initial treatment for chronic plaque psoriasis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2010.

Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological agent therapy before they are eligible to commence the next Cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological agent treatment in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Treatment Cycle.

Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

Antineoplastic and immunomodulating agents

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
					\$	\$	

How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 March 2010.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made in the following situations:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); or
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under '(4) Swapping therapy' below]; or
- (iii) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).

All applications for initial treatment will be limited to provide for a maximum of 16 weeks of treatment in the case of adalimumab and etanercept, 22 weeks of treatment in the case of infliximab and 28 weeks of treatment in the case of ustekinumab.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological agent, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this initial treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Application for continuing treatment.

Following the completion of an initial treatment course of a biological agent to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with that biological agent. Patients are eligible to continue to receive continuous treatment with 24 week courses providing they continue to sustain a response.

For second and subsequent courses of PBS-subsidised treatment with adalimumab, etanercept, infliximab or ustekinumab it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a response to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

(4) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate agent within the same Treatment Cycle without having to requalify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular agent within the same Cycle.

Patients who commenced treatment with adalimumab prior to 1 June 2009 or ustekinumab prior to 1 March 2010 access these interchangeability arrangements in the same way as patients who have not.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.

(5) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a Treatment Cycle and subsequent response will be assessed according to this revised PASI score.

Antineoplastic and immunomodulating agents

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
					\$	\$	

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.

(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.

Authority required

Initial treatment [Initial 1, Whole body (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis; and
- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (whole body); and
- (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 - (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 - (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 - (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.
- (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]]; and
 - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 - (iii) the signed patient and prescriber acknowledgements.

A maximum of 28 weeks of treatment with ustekinumab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 28 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 28 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with ustekinumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised ustekinumab treatment.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Note

No applications for increased repeats will be authorised.

Authority required

Initial or re-Treatment [Initial 2, Whole body (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis; and
- (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have not failed PBS-subsidised therapy with ustekinumab for the treatment of this condition in the current Treatment Cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]]; and
 - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

Applications for patients who have demonstrated a response to PBS-subsidised ustekinumab treatment within this Treatment Cycle and who wish to re-commence ustekinumab treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised ustekinumab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.

A maximum of 28 weeks of treatment with ustekinumab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 28 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 28 weeks.

A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with ustekinumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised ustekinumab treatment.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

No applications for increased repeats will be authorised.

Authority required

Initial treatment [Initial 1, Face, hand, foot (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (face, hand, foot); and
- (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 - (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 - (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 - (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

Antineoplastic and immunomodulating agents

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

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:
 - (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or
 - (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.
- (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] and
 - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 - (iii) the signed patient and prescriber acknowledgements.

A maximum of 28 weeks of treatment with ustekinumab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 28 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 28 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with ustekinumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised ustekinumab treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Note

No applications for increased repeats will be authorised.

Authority required

Initial or re-Treatment [Initial 2, Face, hand, foot (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have not failed PBS-subsidised therapy with ustekinumab for the treatment of this condition in the current Treatment Cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] and
 - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

Applications for patients who have demonstrated a response to PBS-subsidised ustekinumab treatment within this Treatment Cycle and who wish to re-commence ustekinumab treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised ustekinumab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.

A maximum of 28 weeks of treatment with ustekinumab will be authorised under this restriction.

Antineoplastic and immunomodulating agents

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
<p>At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.</p> <p>Where fewer than 2 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 28 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 28 weeks.</p> <p>A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with ustekinumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.</p> <p>It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised ustekinumab treatment.</p> <p>The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.</p> <p>Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.</p> <p><u>Note</u> No applications for increased repeats will be authorised.</p> <p><u>Note</u> Special Pricing Arrangements apply.</p>							
9304Q	Injection 45 mg in 0.5 mL	1	2	..	4601.42	35.40	Stelara JC

USTEKINUMAB

Note

Any queries concerning the arrangements to prescribe ustekinumab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents adalimumab, etanercept, infliximab and ustekinumab, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, infliximab and ustekinumab.

From 1 March 2010, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept, infliximab or ustekinumab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

A patient who received PBS-subsidised biological agent treatment for chronic plaque psoriasis prior to 1 March 2010 is considered to be in their first Cycle as of 1 March 2010.

Patients are eligible for PBS-subsidised treatment with only 1 biological agent at any 1 time.

Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for a PBS-subsidised biological agent, they must change to an alternate agent if they

Antineoplastic and immunomodulating agents

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

wish to continue PBS-subsidised biological treatment. A patient who, prior to 1 March 2010, was authorised to receive PBS-subsidised initial treatment for chronic plaque psoriasis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2010.

Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological agent therapy before they are eligible to commence the next Cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological agent treatment in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Treatment Cycle.

Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 March 2010.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made in the following situations:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); or
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under '(4) Swapping therapy' below]; or
- (iii) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).

All applications for initial treatment will be limited to provide for a maximum of 16 weeks of treatment in the case of adalimumab and etanercept, 22 weeks of treatment in the case of infliximab and 28 weeks of treatment in the case of ustekinumab.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological agent, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this initial treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Application for continuing treatment.

Following the completion of an initial treatment course of a biological agent to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with that biological agent. Patients are eligible to continue to receive continuous treatment with 24 week courses providing they continue to sustain a response.

For second and subsequent courses of PBS-subsidised treatment with adalimumab, etanercept, infliximab or ustekinumab it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a response to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

(4) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate agent within the same Treatment Cycle without having to requalify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

Antineoplastic and immunomodulating agents

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
					\$	\$	

Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular agent within the same Cycle.

Patients who commenced treatment with adalimumab prior to 1 June 2009 or ustekinumab prior to 1 March 2010 access these interchangeability arrangements in the same way as patients who have not.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.

(5) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a Treatment Cycle and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.

(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.

Authority required

Continuing treatment (Whole body)

Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:

- (a) who have a documented history of severe chronic plaque psoriasis; and
- (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with ustekinumab; and
- (c) who have demonstrated an adequate response to their most recent course of treatment with ustekinumab.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-biological treatment baseline value for this Treatment Cycle.

This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with ustekinumab, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet along with the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with ustekinumab.

A maximum of 24 weeks of treatment with ustekinumab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

Where fewer than 1 repeat is requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.

A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with ustekinumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

Antineoplastic and immunomodulating agents

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
					\$	\$	
<p>It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised ustekinumab treatment.</p> <p>Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.</p> <p>Note No applications for increased repeats will be authorised.</p> <p>Authority required Continuing treatment (Face, hand, foot) Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over: (a) who have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with ustekinumab; and (c) who have demonstrated an adequate response to treatment with ustekinumab.</p> <p>An adequate response to ustekinumab treatment is defined as the plaque or plaques assessed prior to biological treatment showing: (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.</p> <p>This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with ustekinumab, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.</p> <p>Applications for authorisation must be made in writing and must include: (a) a completed authority prescription form; and (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following: (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams along with the date of the assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].</p> <p>The most recent PASI assessment must be no more than 1 month old at the time of application.</p> <p>A maximum of 24 weeks of treatment with ustekinumab will be authorised under this restriction.</p> <p>At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.</p> <p>Where fewer than 1 repeat is requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.</p> <p>A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with ustekinumab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.</p> <p>It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised ustekinumab treatment.</p> <p>The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.</p> <p>Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.</p> <p>Note No applications for increased repeats will be authorised.</p> <p>Note Special Pricing Arrangements apply.</p>							
9305R	Injection 45 mg in 0.5 mL	1	1	..	4601.42	35.40	Stelara JC

Antineoplastic and immunomodulating agents

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	
Calcineurin inhibitors								
CYCLOSPORIN								
<u>Caution</u>								
Careful monitoring of patients is mandatory.								
<u>Authority required</u>								
Maintenance therapy, following initiation and stabilisation of treatment with cyclosporin, of:								
(a) patients with organ or tissue transplants. Therapy must remain under the supervision and direction of the transplant unit reviewing the patient. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application;								
(b) patients with severe atopic dermatitis for whom other systemic therapies are ineffective or inappropriate. Therapy must remain under the supervision and direction of a dermatologist, clinical immunologist or specialised unit reviewing the patient. The name of the dermatologist, clinical immunologist or specialised unit reviewing treatment and the date of the latest review must be included in the authority application;								
(c) patients with severe psoriasis for whom other systemic therapies are ineffective or inappropriate and in whom the disease has caused significant interference with quality of life. Therapy must remain under the supervision and direction of a dermatologist or specialised unit reviewing the patient. The name of the dermatologist or specialised unit reviewing treatment and the date of the latest review must be included in the authority application;								
(d) patients with nephrotic syndrome in whom steroids and cytostatic drugs have failed or are not tolerated or are considered inappropriate and in whom renal function is unimpaired. Therapy must remain under the supervision and direction of a nephrologist or specialised unit reviewing the patient. The name of the nephrologist or specialised unit reviewing treatment and the date of the latest review must be included in the authority application;								
(e) patients with severe active rheumatoid arthritis for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate. Therapy must remain under the supervision and direction of a rheumatologist, clinical immunologist or specialised unit reviewing the patient. The name of the rheumatologist, clinical immunologist or specialised unit reviewing treatment and the date of the latest review must be included in the authority application;								
Management (which includes initiation, stabilisation and review of therapy) by dermatologists or clinical immunologists of patients with severe atopic dermatitis for whom other systemic therapies are ineffective or inappropriate;								
Management (which includes initiation, stabilisation and review of therapy) by dermatologists of patients with severe psoriasis for whom other systemic therapies are ineffective or inappropriate and in whom the disease has caused significant interference with quality of life;								
Management (which includes initiation, stabilisation and review of therapy) by rheumatologists or clinical immunologists of patients with severe active rheumatoid arthritis for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate.								
8657P	Capsule 10 mg	120	3	..	*94.42	35.40	Neoral 10	NV
8658Q	Capsule 25 mg	60	3	..	*97.24	35.40	^a Cicloral	SZ
						^a Neoral 25	NV	
8659R	Capsule 50 mg	60	3	..	*195.38	35.40	^a Cicloral	SZ
				^B 2.50	*197.88	35.40	^a Neoral 50	NV
8660T	Capsule 100 mg	60	3	..	*374.44	35.40	^a Cicloral	SZ
				^B 3.00	*377.44	35.40	^a Neoral 100	NV
8661W	Oral liquid 100 mg per mL, 50 mL	2	3	..	*712.66	35.40	Neoral	NV
TACROLIMUS								
<u>Caution</u>								
Careful monitoring of patients is mandatory.								
<u>Authority required</u>								
Maintenance therapy, following initiation and stabilisation of treatment with tacrolimus, of patients with organ or tissue transplants. Therapy must remain under the supervision and direction of the transplant unit reviewing the patient. The name of the specialised transplant unit reviewing treatment and the date of the latest review at the specialised transplant unit must be included in the authority application.								
5299X	Capsule 0.5 mg (once daily prolonged release)	30	3	..	64.59	35.40	Prograf XL	JC
5300Y	Capsule 1 mg (once daily prolonged release)	60	3	..	235.91	35.40	Prograf XL	JC
5451X	Capsule 5 mg (once daily prolonged release)	30	3	..	556.32	35.40	Prograf XL	JC
8646C	Capsule 0.5 mg	100	3	..	200.30	35.40	^a Prograf	JC
						^a Tacrolimus Sandoz	SZ	
8647D	Capsule 1 mg	100	3	..	376.91	35.40	^a Prograf	JC
						^a Tacrolimus Sandoz	SZ	
8648E	Capsule 5 mg	50	3	..	922.44	35.40	^a Prograf	JC
						^a Tacrolimus Sandoz	SZ	

Antineoplastic and immunomodulating agents

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
<i>Other immunosuppressants</i>							
AZATHIOPRINE							
Note							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
2687K NP	Tablet 50 mg	100	5	..	48.06	35.40	^a Azamun GM
							^a Azapin QA
							^a Azathioprine Sandoz SZ
							^a GenRx GX
							^a Azathioprine Imuran AS
							^a Thioprine AF
2688L NP	Tablet 25 mg	100	5	..	31.51	32.60	^a Azathioprine Sandoz SZ
							^a Imuran AS
METHOTREXATE							
1622J	Tablet 2.5 mg	30	5	..	13.12	14.21	^a Hospira Pty Limited HH
							^a Methoblastin PF
2272N	Tablet 10 mg	15	3	..	21.84	22.93	Methoblastin PF
METHOTREXATE							
Restricted benefit							
For patients requiring doses greater than 20 mg per week.							
1623K	Tablet 10 mg	50	2	..	45.28	35.40	Methoblastin PF

Musculo-skeletal system

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
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Musculo-skeletal system

Antiinflammatory and antirheumatic products

Antiinflammatory and antirheumatic products, non-steroids

Acetic acid derivatives and related substances

1302M NP,MW	DICLOFENAC SODIUM Suppository 100 mg	40	3	..	*24.92	26.01	Voltaren 100	NV
<hr/>								
1299J NP	DICLOFENAC SODIUM <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease. Tablet 25 mg (enteric coated)	100	3	..	*12.74	13.83	^a APO-Diclofenac	TX
							^a Chem mart Diclofenac	CH
							^a Clonac 25	QA
							^a Diclofenac-GA	GM
							^a Diclofenac Sandoz	SZ
							^a Fenac 25	AF
							^a Terry White Chemists Diclofenac	TW
				^B 2.32	*15.06	13.83	^a Voltaren 25	NV
1300K NP	Tablet 50 mg (enteric coated)	50	3	..	10.82	11.91	^a APO-Diclofenac	TX
							^a Chem mart Diclofenac	CH
							^a Clonac 50	QA
							^a Diclofenac-GA	GM
							^a Diclofenac Sandoz	SZ
							^a Fenac	AF
							^a Terry White Chemists Diclofenac	TW
				^B 2.34	13.16	11.91	^a Voltaren 50	NV
2757D NP	INDOMETHACIN Suppository 100 mg	40	3	..	*22.50	23.59	Indocid	AS
<hr/>								
2454E NP	INDOMETHACIN <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease. Capsule 25 mg	100	3	..	*12.42	13.51	^a Arthrexin	AF
				^B 2.02	*14.44	13.51	^a Indocid	AS

Musculo-skeletal system

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
Oxicams							
MELOXICAM							
Note							
The use of meloxicam for the treatment of the following conditions is not subsidised through the PBS:							
(a) acute pain;							
(b) soft tissue injury;							
(c) arthrosis without an inflammatory component.							
Restricted benefit							
Symptomatic treatment of osteoarthritis;							
Symptomatic treatment of rheumatoid arthritis.							
Note							
Pharmaceutical benefits that have the form meloxicam tablet 7.5 mg and pharmaceutical benefits that have the form meloxicam capsule 7.5 mg are equivalent for the purposes of substitution.							
8561N NP	Tablet 7.5 mg	30	3	..	17.46	18.55	^a Chem mart Meloxicam 7.5 mg ^a GenRx Meloxicam ^a Meloxibell ^a Meloxicam-GA ^a Meloxicam Ranbaxy ^a Meloxicam Sandoz ^a Movalis 7.5 ^a Moxicam 7.5 ^a Pharmacor Meloxicam 7.5 ^a Terry White Chemists Meloxicam 7.5 mg
							CH GX BF GM RA SZ QA AF CR TW
8887R NP	Capsule 7.5 mg	30	3	..	17.46	18.55	^a Mobic ^a APO-Meloxicam ^a Chem mart Meloxicam ^a Mobic ^a Movalis 7.5 ^a Terry White Chemists Meloxicam
				^B 1.76	19.22	18.55	BY TX CH BY QA TW
MELOXICAM							
Note							
The use of meloxicam for the treatment of the following conditions is not subsidised through the PBS:							
(a) acute pain;							
(b) soft tissue injury;							
(c) arthrosis without an inflammatory component.							
Restricted benefit							
Symptomatic treatment of osteoarthritis;							
Symptomatic treatment of rheumatoid arthritis.							
Note							
Pharmaceutical benefits that have the form meloxicam tablet 15 mg and pharmaceutical benefits that have the form meloxicam capsule 15 mg are equivalent for the purposes of substitution.							
8562P NP	Tablet 15 mg	30	3	..	22.53	23.62	^a Chem mart Meloxicam 15 mg ^a GenRx Meloxicam
							CH GX

Musculo-skeletal system

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
8888T NP	Capsule 15 mg	30	3	..	22.53	23.62	^a Meloxibell BF
							^a Meloxicam-GA GM
							^a Meloxicam Ranbaxy RA
							^a Meloxicam Sandoz SZ
							^a Movalis 15 QA
							^a Moxicam 15 AF
							^a Pharmacor Meloxicam 15 CR
							^a Terry White Chemists Meloxicam 15 mg TW
							^a Mobic BY
							^a APO-Meloxicam TX
							^a Chem mart Meloxicam CH
							^a Mobic BY
							^a Movalis 15 QA
							^a Terry White Chemists Meloxicam TW

PIROXICAM

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component.

1895R NP	Dispersible tablet 10 mg	50	3	..	12.20	13.29	Mobilis D-10	AF
1896T NP	Dispersible tablet 20 mg	25	3	..	11.92	13.01	^a Mobilis D-20	AF
1897W NP	Capsule 10 mg	50	3	..	12.20	13.29	^B 2.49 ^a Feldene-D	PF
							^a Chem mart Piroxicam	CH
							^a GenRx Piroxicam	GX
							^a Mobilis 10	AF
							^a Terry White Chemists Piroxicam	TW
1898X NP	Capsule 20 mg	25	3	..	11.92	13.01	^B 2.52 ^a Feldene	PF
							^a Chem mart Piroxicam	CH
							^a GenRx Piroxicam	GX
							^a Mobilis 20	AF
							^a Terry White Chemists Piroxicam	TW
				^B 2.49	14.41	13.01	^a Feldene	PF

Propionic acid derivatives

3192B NP,MW	IBUPROFEN Tablet 400 mg	30	9.19	10.28	Brufen	AB
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IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component;

Bone pain due to malignant disease.

Musculo-skeletal system

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	
3190X NP	Tablet 400 mg	90	3	..	*14.73	15.82	Brufen	AB
1588N NP	KETOPROFEN Suppository 100 mg	40	3	..	*25.30	26.39	Orudis	SW
1590Q NP	KETOPROFEN <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component.	28	3	..	19.10	20.19 ^a	Oruvail SR	AV
				^B 2.21	21.31	20.19 ^a	Orudis SR 200	SW
1614Y NP	NAPROXEN <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.	28	3	..	12.08	13.17 ^a	Proxen SR 750	MD
				^B 1.22	13.30	13.17 ^a	Naprosyn SR750	RO
1615B NP	Tablet 1 g (sustained release)	28	3	..	13.96	15.05 ^a	Proxen SR 1000	MD
				^B 1.29	15.25	15.05 ^a	Naprosyn SR1000	RO
1659H NP	Tablet 500 mg	50	3	..	12.58	13.67 ^a	Inza 500	AF
				^B 1.30	13.88	13.67 ^a	Naprosyn	RO
1674D NP	Tablet 250 mg	100	3	..	*13.34	14.43 ^a	Inza 250	AF
				^B 2.24	*15.58	14.43 ^a	Naprosyn	RO
1658G NP	NAPROXEN <u>Authority required (STREAMLINED)</u> 2270 Chronic arthropathies (including osteoarthritis) with an inflammatory component in patients unable to take a solid dose form of a non-steroidal anti-inflammatory agent; 2271 Bone pain due to malignant disease in patients unable to take a solid dose form of a non-steroidal anti-inflammatory agent.	‡1	3	..	78.17	35.40	Naprosyn	RO
1795L NP	NAPROXEN SODIUM <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease. <u>Note</u> Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.	50	3	..	12.77	13.86 ^a	Crysanal	MD
				^B 2.17	14.94	13.86 ^a	Anaprox 550	RO
	TIAPROFENIC ACID <u>Caution</u> Cystitis and other urinary disorders have been reported with this drug.							

Musculo-skeletal system

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
<p><u>Note</u> The recommended maximum dose is 600 mg per day.</p> <p><u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component.</p>							
2103Q NP	Tablet 300 mg	60	3	..	17.58	18.67	Surgam SW

Fenamates

MEFENAMIC ACID

Restricted benefit

Dysmenorrhoea:

Menorrhagia.

1824B	Capsule 250 mg	50	2	..	18.16	19.25	Ponstan	PF
N/P								

Coxibs

CELECOXIB

Note

The use of celecoxib for the treatment of the following conditions is not subsidised through the PBS:

(a) acute pain;

(b) soft tissue injury;

(c) arthrosis without an inflammatory component.

Restricted benefit

Symptomatic treatment of osteoarthritis;

Symptomatic treatment of rheumatoid arthritis.

8439F	Capsule 100 mg	60	3	..	32.31	33.40	Celebrex	PF
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$$NP$$

8440F	Capsule 200 mg	30	3	..	32.31	33.40	Celebrex	PF
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$$NP$$

Specific antirheumatic agents

Quinolines

HYDROXYCHLOROQUINE SULFATE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1512N	Tablet 200 mg	100	1	..	37.59	35.40	Plaquenil	SW
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$$NP$$

Gold preparations

AURANOFIN

Caution

Regular blood and urine checks are essential.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1095P	Tablet 3 mg	60	5	..	63.55	35.40	Ridaura	GH
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 NP

SODIUM AUROTHIOMALATE

Caution

Regular blood and urine checks are essential.

Musculo-skeletal system

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	
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2016D <i>NP</i>	Injection 10 mg	10	..	..	67.03	35.40	Myocrisin	SW
2017E <i>NP</i>	Injection 20 mg	10	1	..	102.67	35.40	Myocrisin	SW
2018F <i>NP</i>	Injection 50 mg	10	1	..	152.47	35.40	Myocrisin	SW

Penicillamine and similar agents

PENICILLAMINE

Caution

Regular blood and urine checks are essential.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2721F NP	Tablet 125 mg	100	1	..	31.63	32.72	D-Penamine	AL
2838J NP	Tablet 250 mg	100	1	..	53.29	35.40	D-Penamine	AL

Muscle relaxants

Muscle relaxants, centrally acting agents

Other centrally acting agents

BACLOFEN								
2729P NP	Tablet 10 mg	100	5	..	23.22	24.31	^a Chem mart Baclofen	CH
							^a Clofen 10	AF
							^a GenRx Baclofen	GX
							^a Stelax 10	QA
							^a Terry White Chemists Baclofen	TW
				^B 1.50	24.72	24.31	^a Lioresal 10	NV
2730Q NP	Tablet 25 mg	100	5	..	42.87	35.40	^a Chem mart Baclofen	CH
							^a Clofen 25	AF
							^a GenRx Baclofen	GX
							^a Stelax 25	QA
							^a Terry White Chemists Baclofen	TW
				^B 1.29	44.16	35.40	^a Lioresal 25	NV

Muscle relaxants, directly acting agents

Dantrolene and derivatives

DANTROLENE SODIUM

Restricted benefit

Treatment of chronic spasticity.

1779P NP	Capsule 25 mg	100	2	..	72.04	35.40	Dantrium	PF
1780Q NP	Capsule 50 mg	100	2	..	81.81	35.40	Dantrium	PF

Musculo-skeletal system

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
Antigout preparations							
Antigout preparations							
<i>Preparations inhibiting uric acid production</i>							
ALLOPURINOL							
Note							
The dose should be adjusted in accordance with renal function.							
2600W NP	Tablet 100 mg	200	2	..	12.86	13.95	^a Allopurinol Sandoz SZ
							^a Allosig FM
							^a Chem mart CH
							^a Allopurinol
							^a GenRx Allopurinol GX
							^a Terry White Chemists TW
				^B 2.85	15.71	13.95	^a Zyloprim QA
				..	*12.86	13.95	^a Progout 100 AF
2604C NP	Tablet 300 mg	60	2	..	10.23	11.32	^a Allopurinol Sandoz SZ
							^a Allosig FM
							^a Chem mart CH
							^a Allopurinol
							^a GenRx Allopurinol GX
							^a Progout 300 AF
							^a Terry White Chemists TW
				^B 2.85	13.08	11.32	^a Zyloprim QA
<i>Preparations increasing uric acid excretion</i>							
PROBENECID							
1940D NP	Tablet 500 mg	100	5	..	75.69	35.40	Pro-Cid PL
<i>Preparations with no effect on uric acid metabolism</i>							
COLCHICINE							
3410L NP	Tablet 500 micrograms	30	5	..	11.00	12.09	^a Lengout LN
				^B 0.85	11.85	12.09	^a Colgout AS

Drugs for treatment of bone diseases

Drugs affecting bone structure and mineralization

Bisphosphonates

ALENDRONATE SODIUM

Authority required (STREAMLINED)

3070

Treatment as the sole PBS-subsidised anti-resorptive agent for corticosteroid-induced osteoporosis in a patient currently on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy with a Bone Mineral Density (BMD) T-score of -1.5 or less.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

3933

Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -2.5 or less.

Musculo-skeletal system

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
	The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.						
	<u>Authority required (STREAMLINED)</u>						
	2646						
	Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.						
	A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.						
	<u>Note</u>						
	Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.						
8511Y NP	Tablet equivalent to 70 mg alendronic acid	4	5	..	27.52	28.61	^a Adronat AF
							^a Alendrobell 70mg BF
							^a Alendronate-GA GM
							^a Alendronate SZ
							^a Sandoz
							^a Alendro Once QA
							^a Weekly
							^a APO-Alendronate TX
							^a Chem mart CH
							Alendronate
							70mg
							^a Ossmax 70mg RA
							^a Terry White TW
							Chemists
							Alendronate
							70mg
				^B 2.05	29.57	28.61	^a Fosamax Once MK
							Weekly
<hr/>							
	ALENDRONATE SODIUM						
	<u>Authority required (STREAMLINED)</u>						
	3256						
	Symptomatic Paget disease of bone.						
	<u>Note</u>						
	Continuing Therapy Only:						
	For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.						
8090T NP	Tablet equivalent to 40 mg alendronic acid	30	5	..	73.07	35.40	Fosamax 40 mg MK
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	DISODIUM ETIDRONATE						
	<u>Authority required (STREAMLINED)</u>						
	3257						
	Symptomatic Paget disease of bone when calcitonin has been found to be unsatisfactory due to lack of efficacy;						
	3258						
	Symptomatic Paget disease of bone when calcitonin has been found to be unsatisfactory due to unacceptable side effects;						
	1153						
	Heterotopic ossification.						
	<u>Note</u>						
	Continuing Therapy Only:						
	For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.						
2920Q NP	Tablet 200 mg	60	5	..	115.17	35.40	Didronel PF

Musculo-skeletal system

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
DISODIUM PAMIDRONATE <u>Authority required (STREAMLINED)</u> 3256 Symptomatic Paget disease of bone.							
<u>Note</u> Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
<u>Note</u> Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 15 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 15 mg are equivalent for the purposes of substitution.							
8208B NP	Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL	1	..	..	250.10	35.40 ^a	Aredia 15 mg NV
8461H NP	Concentrated injection 15 mg in 5 mL	4	..	..	*250.14	35.40 ^a	Pamisol HH
DISODIUM PAMIDRONATE <u>Authority required (STREAMLINED)</u> 3256 Symptomatic Paget disease of bone.							
<u>Note</u> Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
<u>Note</u> Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 30 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 30 mg are equivalent for the purposes of substitution.							
8209C NP	Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL	1	..	..	250.10	35.40 ^a	Aredia 30 mg NV
8462J NP	Concentrated injection 30 mg in 10 mL	2	..	..	*250.12	35.40 ^a	Pamisol HH
DISODIUM PAMIDRONATE <u>Authority required (STREAMLINED)</u> 3256 Symptomatic Paget disease of bone.							
<u>Note</u> Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8463K NP	Concentrated injection 60 mg in 10 mL	1	..	..	250.10	35.40	Pamisol HH
IBANDRONIC ACID <u>Restricted benefit</u> Bone metastases from breast cancer.							
<u>Note</u> Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
9357L NP	Tablet 50 mg (as ibandronate sodium monohydrate)	28	2	..	342.34	35.40	Bondronat HH

Musculo-skeletal system

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	
RISEDRONATE SODIUM								
<u>Authority required (STREAMLINED)</u>								
3070								
Treatment as the sole PBS-subsidised anti-resorptive agent for corticosteroid-induced osteoporosis in a patient currently on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy with a Bone Mineral Density (BMD) T-score of -1.5 or less.								
The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.								
<u>Authority required (STREAMLINED)</u>								
2645								
Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -3.0 or less.								
The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.								
<u>Authority required (STREAMLINED)</u>								
2646								
Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.								
A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.								
<u>Note</u>								
Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.								
8481J NP	Tablet 5 mg	28	5	..	46.55	35.40	Actonel	SW
8621R NP	Tablet 35 mg	4	5	..	46.55	35.40	^a Acris Once-a-Week	AF
							^a Actonel Once-a-Week	SW
							^a APO-Risedronate	TX
							^a Chem mart Risedronate	CH
							^a Risedronate-GA	GM
							^a Risedronate Sandoz	SZ
							^a Risedro once a week	QA
							^a Terry White Chemists Risedronate	TW
8972F NP	Tablet 35 mg (enteric coated)	4	5	..	46.55	35.40	Actonel EC	SW
9391G NP	Tablet 150 mg	1	5	..	49.53	35.40	Actonel Once-a-Month	SW

RISEDRONATE SODIUM

Authority required (STREAMLINED)

3256

Symptomatic Paget disease of bone.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8482K NP	Tablet 30 mg	28	1	..	259.79	35.40	Actonel	SW
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SODIUM CLODRONATE TETRAHYDRATE

Restricted benefit

Maintenance treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy;

Musculo-skeletal system

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	
	Multiple myeloma; Bone metastases from breast cancer.							
	Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8132B NP	Capsule equivalent to 400 mg sodium clodronate	100	2	..	334.08	35.40	Bonefos	BN
8265B NP	Tablet equivalent to 800 mg sodium clodronate	60	2	..	391.44	35.40	Bonefos 800 mg	BN
TILUDRONATE DISODIUM								
	Authority required (STREAMLINED) 3256 Symptomatic Paget disease of bone.							
	Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8267D NP	Tablet equivalent to 200 mg tiludronic acid	56	2	..	304.62	35.40	Skelid	SW
ZOLEDRONIC ACID								
	Authority required (STREAMLINED) 3945 Treatment as the sole PBS-subsidised anti-resorptive agent for corticosteroid-induced osteoporosis in a patient currently on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy with a Bone Mineral Density (BMD) T-score of -1.5 or less. The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated. Only 1 treatment each year per patient will be PBS-subsidised.							
	Authority required (STREAMLINED) 3947 Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -3.0 or less. The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated. Only 1 treatment each year per patient will be PBS-subsidised.							
	Authority required (STREAMLINED) 3946 Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in a patient with fracture due to minimal trauma. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body. In all cases, the fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated. Only 1 treatment each year per patient will be PBS-subsidised.							
	Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.							
9288W	Solution for I.V. infusion 5 mg (as monohydrate) in 100 mL	1	..	..	589.17	35.40	Aclasta	NV
ZOLEDRONIC ACID								
	Authority required Symptomatic Paget disease of bone. Only 1 treatment each year per patient will be PBS-subsidised.							
9350D	Solution for I.V. infusion 5 mg (as monohydrate) in 100 mL	1	..	..	589.17	35.40	Aclasta	NV

Musculo-skeletal system

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
<i>Bisphosphonates, combinations</i>							
ALENDRONATE SODIUM with COLECALCIFEROL							
<u>Authority required (STREAMLINED)</u>							
3070							
Treatment as the sole PBS-subsidised anti-resorptive agent for corticosteroid-induced osteoporosis in a patient currently on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy with a Bone Mineral Density (BMD) T-score of -1.5 or less.							
The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.							
<u>Authority required (STREAMLINED)</u>							
3933							
Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -2.5 or less.							
The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.							
<u>Authority required (STREAMLINED)</u>							
2646							
Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.							
A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
<u>Note</u>							
Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.							
<u>Note</u>							
Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.							
9012H NP	Tablet equivalent to 70 mg alendronic acid with 70 micrograms colecalciferol	4	5	..	45.16	35.40	Fosamax Plus MK
ALENDRONATE SODIUM with COLECALCIFEROL							
<u>Authority required (STREAMLINED)</u>							
3070							
Treatment as the sole PBS-subsidised anti-resorptive agent for corticosteroid-induced osteoporosis in a patient currently on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy with a Bone Mineral Density (BMD) T-score of -1.5 or less.							
The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.							
<u>Authority required (STREAMLINED)</u>							
3933							
Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -2.5 or less.							
The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.							
<u>Authority required (STREAMLINED)</u>							
2646							
Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.							
A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
<u>Note</u>							
Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.							
9183H NP	Tablet equivalent to 70 mg alendronic acid with 140 micrograms colecalciferol	4	5	..	45.16	35.40 ^a	Dronalen Plus GM
				^B 2.50	47.66	35.40 ^a	Fosamax Plus 70 mg/140 mcg MK

[illegible]

Musculo-skeletal system

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
	The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.							
	Authority required (STREAMLINED)							
	2646							
	Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.							
	A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
	Note							
	Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.							
8899J NP	Pack containing 4 tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)	1	5	..	46.55	35.40	^a	Acris Combi AF
							^a	Actonel Combi SW
8973G NP	Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)	1	5	..	46.55	35.40		Actonel EC Combi SW

RISEDRONATE SODIUM and CALCIUM CARBONATE with COLECALCIFEROL

Authority required (STREAMLINED)

3070

Treatment as the sole PBS-subsidised anti-resorptive agent for corticosteroid-induced osteoporosis in a patient currently on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy with a Bone Mineral Density (BMD) T-score of -1.5 or less.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

2645

Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a patient aged 70 years of age or older with a Bone Mineral Density (BMD) T-score of -3.0 or less.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

2646

Treatment as the sole PBS-subsidised anti-resorptive agent for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note

Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.

8974H NP	Pack containing 4 enteric coated tablets risedronate sodium 35 mg and 24 sachets containing granules of calcium carbonate 2.5 g (equivalent to 1 g calcium) with colecalciferol 22 micrograms	1	5	..	46.55	35.40		Actonel EC Combi D SW
9147K NP	Pack containing 4 tablets risedronate sodium 35 mg and 24 sachets containing granules of calcium carbonate 2.5 g (equivalent to 1 g calcium) with colecalciferol 22 micrograms	1	5	..	46.55	35.40		Actonel Combi D SW

Other drugs affecting bone structure and mineralization

CALCITRIOL

Authority required (STREAMLINED)

1165

Hypocalcaemia due to renal disease;

Musculo-skeletal system

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
	1166 Hypoparathyroidism;						
	1167 Hypophosphataemic rickets;						
	1467 Vitamin D-resistant rickets;						
	2636 Treatment for established osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated. A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.						
2502Q NP	Capsule 0.25 microgram	100	3	..	37.31	35.40	^a Calciprox GN
						^a Calcitriol-GA	GM
						^a Calcitriol-PS	FZ
						^a Calcitriol Sandoz	SZ
						^a GenRx Calcitriol	GX
						^a Kosteo	QA
						^a Rocaltrol	RO
						^a Sical	AF

DENOSUMAB

Authority required

Bone metastases from breast cancer;

Bone metastases from hormone-resistant prostate cancer.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5110Y NP	Injection 120 mg in 1.7 mL	1	5	..	531.97	35.40	Xgeva AN
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DENOSUMAB

Authority required (STREAMLINED)

2758

Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a woman aged 70 years or older with a bone mineral density (BMD) T-score of -3.0 or less.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated;

3987

Treatment as the sole PBS-subsidised anti-resorptive agent for established post-menopausal osteoporosis in a woman with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note

Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5457F NP	Injection 60 mg in 1 mL pre-filled syringe	1	304.87	35.40	Prolia AN
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Musculo-skeletal system

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
RALOXIFENE HYDROCHLORIDE							
<u>Authority required (STREAMLINED)</u>							
2647							
Treatment as the sole PBS-subsidised anti-resorptive agent for established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.							
A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.							
<u>Note</u>							
Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.							
8363E NP	Tablet 60 mg	28	5	..	57.87	35.40	Evista LY

STRONTIUM RANELATE

Authority required (STREAMLINED)

2758

Treatment as the sole PBS-subsidised anti-resorptive agent for osteoporosis in a woman aged 70 years or older with a bone mineral density (BMD) T-score of -3.0 or less.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

2647

Treatment as the sole PBS-subsidised anti-resorptive agent for established post-menopausal osteoporosis in patients with fracture due to minimal trauma. The fracture must have been demonstrated radiologically and the year of plain x-ray or CT-scan or MRI scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note

Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, disodium etidronate, raloxifene hydrochloride, strontium ranelate and zoledronic acid.

3036T NP	Sachet containing granules for oral suspension 2 g	28	5	..	53.34	35.40	Protos 2 g SE
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TERIPARATIDE

Note

Any queries concerning the arrangements to prescribe teriparatide 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 teriparatide 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.

Authority required

Initial treatment, as the sole PBS-subsidised agent, by a specialist or consultant physician, for severe, established osteoporosis in a patient with a very high risk of fracture who:

- (a) has a bone mineral density (BMD) T-score of -3.0 or less; and
- (b) has had 2 or more fractures due to minimal trauma; and
- (c) has experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be provided at the time of application.

Musculo-skeletal system

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
<p>If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details of accepted toxicities including severity can be found on the Medicare Australia website at www.medicareaustralia.gov.au and must be provided at the time of application.</p> <p>Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months, disodium etidronate 200 mg with calcium carbonate 1.25 g per day, strontium ranelate 2 g per day and zoledronic acid 5 mg per annum.</p> <p>Authority applications must be made in writing and must include: Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed during the course of anti-resorptive therapy and the score of the qualifying BMD measurement.</p> <p>Note No applications for increased maximum quantities and/or repeats will be authorised.</p> <p>Authority required Initial treatment, as the sole PBS-subsidised agent, by a specialist or consultant physician, for severe, established osteoporosis in a patient with a very high risk of fracture who was receiving treatment with teriparatide prior to 1 May 2009.</p> <p>The authority application must be made in writing and the commencement date of treatment and the number of doses the patient has received of teriparatide must be provided with the application. The patient is eligible to receive a maximum of 18 months therapy of combined PBS-subsidised and non-PBS-subsidised therapy.</p> <p>Patients may qualify for PBS-subsidised treatment under this restriction once only.</p> <p>Note No applications for increased maximum quantities and/or repeats will be authorised.</p> <p>Authority required Continuing treatment for severe established osteoporosis where the patient has previously been issued with an authority prescription for this drug.</p> <p>Teriparatide must only be used for a lifetime maximum of 18 months therapy (18 pens). Up to a maximum of 18 pens will be reimbursed through the PBS.</p> <p>Authority applications for continuing treatment may be made by telephone to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>Note No applications for increased maximum quantities and/or repeats will be authorised.</p> <p>Note Special Pricing Arrangements apply.</p>							
9411H	Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen	1	5	..	438.37	35.40	Forteo LY

Nervous system

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	
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Nervous system

Analgesics

Opioids

Natural opium alkaloids

1214X NP	CODEINE PHOSPHATE	20	16.87	17.96	Fawns and McAllan Proprietary Limited	FM	
	Tablet 30 mg								
CODEINE PHOSPHATE with PARACETAMOL									
<u>Note</u>									
Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of codeine phosphate with paracetamol below.									
1215Y NP	Tablet 30 mg-500 mg	20	..	..	7.48	8.57	^a APO-	TX
							Paracetamol/Code		
							ine 500/30	^a Codalgin Forte	FM
							^a Codapane Forte	AL	
							^a Comfarol Forte	SZ	
							^a Prodeine Forte	AV	
	^B 1.88	9.36	8.57	^a Panadeine Forte	SW				

CODEINE PHOSPHATE with PARACETAMOL

Authority required

Severe disabling pain not responding to non-narcotic analgesics.

Note

Each authority approval will be limited to no more than 240 tablets per month for no more than 6 months.

8785J NP	Tablet 30 mg-500 mg	60	..	..	*9.60	10.69	^a	APO-	TX
								Paracetamol/Code	
								ine 500/30	
							^a	Codalgin Forte	FM
							^a	Codapane Forte	AL
							^a	Comfarol Forte	SZ
							^a	Prodeine Forte	AV
							^a	Panadeine Forte	SW
				^B 5.64	*15.24	10.69			

HYDROMORPHONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

8420E NP	Injection 2 mg in 1 mL	5	..	..	22.84	23.93		Dilaudid	MF
8421F NP	Injection 10 mg in 1 mL	5	..	..	28.97	30.06		Dilaudid-HP	MF
8422G NP	Injection 50 mg in 5 mL	5	..	..	52.00	35.40		Dilaudid-HP	MF
8423H NP	Injection 500 mg in 50 mL	1	..	..	75.41	35.40		Dilaudid-HP	MF

HYDROMORPHONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Nervous system

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	
<u>Restricted benefit</u>								
Chronic severe disabling pain not responding to non-narcotic analgesics.								
<u>Note</u>								
Authorities for increased maximum quantities and/or repeats will be granted only for:								
(i) chronic severe disabling pain associated with proven malignant neoplasia; or								
(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or								
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or								
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.								
9299K NP	Tablet 4 mg (modified release)	14	..	..	30.95	32.04	Jurnista	JC
9406C NP	Tablet 8 mg (modified release)	14	..	..	36.41	35.40	Jurnista	JC
9407D NP	Tablet 16 mg (modified release)	14	..	..	52.82	35.40	Jurnista	JC
9408E NP	Tablet 32 mg (modified release)	14	..	..	88.70	35.40	Jurnista	JC
9409F NP	Tablet 64 mg (modified release)	14	..	..	149.38	35.40	Jurnista	JC

HYDROMORPHONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

8424J NP	Oral liquid 1 mg per mL, 473 mL	1	..	..	63.70	35.40	Dilaudid	MF
8541M NP	Tablet 2 mg	20	..	..	17.10	18.19	Dilaudid	MF
8542N NP	Tablet 4 mg	20	..	..	19.85	20.94	Dilaudid	MF
8543P NP	Tablet 8 mg	20	..	..	30.03	31.12	Dilaudid	MF

MORPHINE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Nervous system

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	
Note								
Authorities for increased maximum quantities and/or repeats will be granted only for:								
(i) severe disabling pain associated with proven malignant neoplasia; or								
(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or								
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or								
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.								
2122Q NP	Oral solution 2 mg per mL, 200 mL	1	..	..	20.33	21.42	Ordine 2	MF
2123R NP	Oral solution 5 mg per mL, 200 mL	1	..	..	22.73	23.82	Ordine 5	MF
2124T NP	Oral solution 10 mg per mL, 200 mL	1	..	..	26.86	27.95	Ordine 10	MF

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

1644M NP,MW	Injection 10 mg in 1 mL	5	..	..	13.99	15.08	Hospira Pty Limited	HH
1645N NP,MW	Injection 15 mg in 1 mL	5	..	..	14.35	15.44	Hospira Pty Limited	HH
1647Q NP	Injection 30 mg in 1 mL	5	..	..	15.77	16.86	Hospira Pty Limited	HH

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain due to cancer not responding to non-narcotic analgesics.

8669G NP	Tablet 10 mg	20	..	..	14.31	15.40	Sevredol	MF
8670H NP	Tablet 20 mg	20	..	..	15.26	16.35	Sevredol	MF

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority

Nervous system

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	
prescription for treatment beyond 12 months has previously been issued for this patient.								
1646P NP	Tablet 30 mg	20	..	..	14.03	15.12	Anamorph	FM
<hr/>								
MORPHINE SULFATE								
<u>Caution</u>								
The risk of drug dependence is high.								
<u>Restricted benefit</u>								
Chronic severe disabling pain not responding to non-narcotic analgesics.								
<u>Note</u>								
Authorities for increased maximum quantities and/or repeats will be granted only for:								
(i) chronic severe disabling pain associated with proven malignant neoplasia; or								
(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or								
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or								
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.								
1653B NP	Tablet 10 mg (controlled release)	28	..	..	20.04	21.13	^a APOTEX- MORPHINE MR	TX
							^a Momex SR 10	QA
							^a MS Contin	MF
1654C NP	Tablet 30 mg (controlled release)	28	..	..	35.89	35.40	^a APOTEX- MORPHINE MR	TX
							^a Momex SR 30	QA
							^a MS Contin	MF
1655D NP	Tablet 60 mg (controlled release)	28	..	..	54.48	35.40	^a APOTEX- MORPHINE MR	TX
							^a Momex SR 60	QA
							^a MS Contin	MF
1656E NP	Tablet 100 mg (controlled release)	28	..	..	72.51	35.40	^a APOTEX- MORPHINE MR	TX
							^a Momex SR 100	QA
							^a MS Contin	MF
2839K NP	Capsule 20 mg (containing sustained release pellets)	20	..	..	20.47	21.56	Kapanol	GK
2840L NP	Capsule 50 mg (containing sustained release pellets)	20	..	..	33.54	34.63	Kapanol	GK
2841M NP	Capsule 100 mg (containing sustained release pellets)	20	..	..	53.46	35.40	Kapanol	GK
8035X NP	Tablet 5 mg (controlled release)	28	..	..	17.59	18.68	MS Contin	MF
8146R NP	Sachet containing controlled release granules for oral suspension, 30 mg per sachet	28	..	..	62.07	35.40	MS Contin Suspension 30 mg	MF
8305D NP	Sachet containing controlled release granules for oral suspension, 60 mg per sachet	28	..	..	69.87	35.40	MS Contin Suspension 60 mg	MF
8306E NP	Sachet containing controlled release granules for oral suspension, 100 mg per sachet	28	..	..	86.37	35.40	MS Contin Suspension 100 mg	MF
8349K NP	Capsule 10 mg (containing sustained release pellets)	20	..	..	16.92	18.01	Kapanol	GK
8489T NP	Tablet 15 mg (controlled release)	28	..	..	24.23	25.32	MS Contin	MF

Nervous system

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	
8490W NP	Sachet containing controlled release granules for oral suspension, 20 mg per sachet	28	..	..	60.29	35.40	MS Contin Suspension 20 mg	MF
8491X NP	Capsule 30 mg (controlled release)	14	..	..	24.22	25.31	MS Mono	MF
8492Y NP	Capsule 60 mg (controlled release)	14	..	..	35.87	35.40	MS Mono	MF
8493B NP	Capsule 90 mg (controlled release)	14	..	..	41.42	35.40	MS Mono	MF
8494C NP	Capsule 120 mg (controlled release)	14	..	..	54.47	35.40	MS Mono	MF

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Authority required

Chronic severe disabling pain due to cancer.

8453X NP	Tablet 200 mg (controlled release)	28	..	..	121.86	35.40	MS Contin	MF
8454Y NP	Sachet containing controlled release granules for oral suspension, 200 mg per sachet	28	..	..	163.75	35.40	MS Contin Suspension 200 mg	MF

MORPHINE TARTRATE

Caution

The risk of drug dependence is high.

1607N NP	Injection 120 mg in 1.5 mL	5	30.67	31.76	Hospira Pty Limited	HH
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OXYCODONE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

2481N NP	Suppository 30 mg	12	43.66	35.40	Proladone	PL
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OXYCODONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) severe disabling pain associated with proven malignant neoplasia; or

Nervous system

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	
(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or								
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or								
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.								
2622B NP	Tablet 5 mg	20	..	..	12.30	13.39	Endone	QA
8464L NP	Capsule 5 mg	20	..	..	12.30	13.39	OxyNorm	MF
8501K NP	Capsule 10 mg	20	..	..	15.42	16.51	OxyNorm	MF
8502L NP	Capsule 20 mg	20	..	..	20.15	21.24	OxyNorm	MF
8644Y NP	Oral solution 5 mg per 5 mL, 250 mL	1	..	..	20.72	21.81	OxyNorm Liquid 5mg/5mL	MF

OXYCODONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) chronic severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

8385H NP	Tablet 10 mg (controlled release)	28	..	..	27.09	28.18	OxyContin	MF
8386J NP	Tablet 20 mg (controlled release)	28	..	..	40.97	35.40	OxyContin	MF
8387K NP	Tablet 40 mg (controlled release)	28	..	..	62.60	35.40	OxyContin	MF
8388L NP	Tablet 80 mg (controlled release)	28	..	..	96.72	35.40	OxyContin	MF
8681X NP	Tablet 5 mg (controlled release)	28	..	..	26.00	27.09	OxyContin	MF
9399Q NP	Tablet 15 mg (controlled release)	28	..	..	35.47	35.40	OxyContin	MF
9400R NP	Tablet 30 mg (controlled release)	28	..	..	52.69	35.40	OxyContin	MF

OXYCODONE HYDROCHLORIDE with NALOXONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Chronic severe disabling pain not responding to non-narcotic analgesics.

Nervous system

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
Note							
Authorities for increased maximum quantities and/or repeats will be granted only for:							
(i) chronic severe disabling pain associated with proven malignant neoplasia; or							
(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or							
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or							
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.							
Note							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8000C NP	Tablet 5 mg-2.5 mg (controlled release)	28	..	..	29.37	30.46	Targin 5/2.5mg MF
8934F NP	Tablet 10 mg-5 mg (controlled release)	28	..	..	30.67	31.76	Targin 10/5mg MF
8935G NP	Tablet 20 mg-10 mg (controlled release)	28	..	..	46.85	35.40	Targin 20/10mg MF
8936H NP	Tablet 40 mg-20 mg (controlled release)	28	..	..	73.28	35.40	Targin 40/20mg MF

Phenylpiperidine derivatives

FENTANYL

Caution

The risk of drug dependence is high.

Restricted benefit

Chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) chronic severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note

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

Pharmaceutical benefits that have the forms fentanyl transdermal patch 2.063 mg, fentanyl transdermal patch 1.28 mg and fentanyl transdermal patch 2.1 mg (all releasing approximately 12 micrograms per hour) are equivalent for the purposes of substitution.

5265D NP	Transdermal patch 1.28 mg (releasing approximately 12 micrograms per hour)	5	..	..	41.53	35.40	^a Denpax	AF
5437E NP	Transdermal patch 2.063 mg (releasing approximately 12 micrograms per hour)	5	..	..	41.53	35.40	^a Fenpatch 12	ZP
8878G NP	Transdermal patch 2.1 mg (releasing approximately 12 micrograms per hour)	5	..	..	41.53	35.40	^a Durogesic 12	JC
							^a Fentanyl Sandoz	SZ

Nervous system

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	
FENTANYL								
<u>Caution</u>								
The risk of drug dependence is high.								
<u>Restricted benefit</u>								
Chronic severe disabling pain not responding to non-narcotic analgesics.								
<u>Note</u>								
Authorities for increased maximum quantities and/or repeats will be granted only for:								
(i) chronic severe disabling pain associated with proven malignant neoplasia; or								
(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or								
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or								
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.								
<u>Note</u>								
Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain, because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).								
Pharmaceutical benefits that have the forms fentanyl transdermal patch 4.125 mg, fentanyl transdermal patch 2.55 mg and fentanyl transdermal patch 4.2 mg (all releasing approximately 25 micrograms per hour) are equivalent for the purposes of substitution.								
5277R NP	Transdermal patch 2.55 mg (releasing approximately 25 micrograms per hour)	5	..	..	49.46	35.40 ^a	Denpax	AF
5438F NP	Transdermal patch 4.125 mg (releasing approximately 25 micrograms per hour)	5	..	..	49.46	35.40 ^a	Fenpatch 25	ZP
8891Y NP	Transdermal patch 4.2 mg (releasing approximately 25 micrograms per hour)	5	49.46	35.40 ^a	Durogesic 25	JC
						^a	Fentanyl Sandoz	SZ
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FENTANYL								
<u>Caution</u>								
The risk of drug dependence is high.								
<u>Restricted benefit</u>								
Chronic severe disabling pain not responding to non-narcotic analgesics.								
<u>Note</u>								
Authorities for increased maximum quantities and/or repeats will be granted only for:								
(i) chronic severe disabling pain associated with proven malignant neoplasia; or								
(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or								
(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or								
(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.								
<u>Note</u>								
Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain, because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).								
Pharmaceutical benefits that have the forms fentanyl transdermal patch 8.25 mg, fentanyl transdermal patch 5.10 mg and fentanyl transdermal patch 8.4 mg (all releasing approximately 50 micrograms per hour) are equivalent for the purposes of substitution.								
5278T NP	Transdermal patch 5.10 mg (releasing approximately 50 micrograms per hour)	5	..	..	81.58	35.40 ^a	Denpax	AF

Nervous system

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	
5439G NP	Transdermal patch 8.25 mg (releasing approximately 50 micrograms per hour)	5	..	..	81.58	35.40 ^a	Fenpatch 50	ZP
8892B NP	Transdermal patch 8.4 mg (releasing approximately 50 micrograms per hour)	5	..	..	81.58	35.40 ^a	Durogesic 50	JC
						^a	Fentanyl Sandoz	SZ

FENTANYL

Caution

The risk of drug dependence is high.

Restricted benefit

Chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) chronic severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
- (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note

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

Pharmaceutical benefits that have the forms fentanyl transdermal patch 12.375 mg, fentanyl transdermal patch 7.65 mg and fentanyl transdermal patch 12.6 mg (all releasing approximately 75 micrograms per hour) are equivalent for the purposes of substitution.

5279W NP	Transdermal patch 7.65 mg (releasing approximately 75 micrograms per hour)	5	..	..	108.37	35.40 ^a	Denpax	AF
5440H NP	Transdermal patch 12.375 mg (releasing approximately 75 micrograms per hour)	5	..	..	108.37	35.40 ^a	Fenpatch 75	ZP
8893C NP	Transdermal patch 12.6 mg (releasing approximately 75 micrograms per hour)	5	..	..	108.37	35.40 ^a	Durogesic 75	JC
						^a	Fentanyl Sandoz	SZ

FENTANYL

Caution

The risk of drug dependence is high.

Restricted benefit

Chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

- (i) chronic severe disabling pain associated with proven malignant neoplasia; or
- (ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or
- (iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or
- (iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Nervous system

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	
Note								
Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain, because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).								
Pharmaceutical benefits that have the forms fentanyl transdermal patch 16.5 mg, fentanyl transdermal patch 10.20 mg and fentanyl transdermal patch 16.8 mg (all releasing approximately 100 micrograms per hour) are equivalent for the purposes of substitution.								
5280X NP	Transdermal patch 10.20 mg (releasing approximately 100 micrograms per hour)	5	..	..	132.30	35.40 ^a	Denpax	AF
5441J NP	Transdermal patch 16.5 mg (releasing approximately 100 micrograms per hour)	5	..	..	132.30	35.40 ^a	Fenpatch 100	ZP
8894D NP	Transdermal patch 16.8 mg (releasing approximately 100 micrograms per hour)	5	..	..	132.30	35.40 ^a	Durogesic 100	JC
						^a	Fentanyl Sandoz	SZ

Diphenylpropylamine derivatives

METHADONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1606M NP	Injection 10 mg in 1 mL	5	..	..	49.31	35.40	Physeptone	QA
1609Q NP	Tablet 10 mg	20	..	..	15.23	16.32	Physeptone	QA

Oripavine derivatives

BUPRENORPHINE

Restricted benefit

Chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for:

(i) chronic severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain not responding to non-narcotic analgesics where the total duration of narcotic analgesic treatment is less than 12 months; or

(iii) first application for treatment beyond 12 months of chronic severe disabling pain not responding to non-narcotic analgesics where the patient's pain management has been reviewed through consultation by the patient with another medical practitioner, and the clinical need for continuing narcotic analgesic treatment has been confirmed. The date of the consultation must be no more than 3 months prior to the application for a PBS authority. The full name of the medical practitioner consulted and the date of consultation are to be provided at the time of application; or

(iv) subsequent application for treatment of chronic severe disabling pain not responding to non-narcotic analgesics where a PBS authority prescription for treatment beyond 12 months has previously been issued for this patient.

Nervous system

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	
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
<u>Caution</u>								
The risk of drug dependence is high.								
8865N NP	Transdermal patch 5 mg (releasing approximately 5 micrograms per hour)	2	..	..	26.70	27.79	Norspan	MF
8866P NP	Transdermal patch 10 mg (releasing approximately 10 micrograms per hour)	2	..	..	40.77	35.40	Norspan	MF
8867Q NP	Transdermal patch 20 mg (releasing approximately 20 micrograms per hour)	2	..	..	56.08	35.40	Norspan	MF

Other opioids

TRAMADOL HYDROCHLORIDE

Restricted benefit

For acute pain where aspirin and/or paracetamol alone are inappropriate or have failed.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8455B NP	Capsule 50 mg	20	..	..	8.39	9.48	^a APO-Tramadol	TX
							^a Chem mart	CH
							^a Tramadol	
							^a GA Tramadol 50mg	GM
							^a GenRx Tramadol	GX
							^a Lodam 50	ZP
							^a Terry White	TW
							^a Chemists	
							^a Tramadol	
							^a Tramadol Sandoz	SZ
							^a Tramedo	AF
							^a Zydol	QA
				^B 1.83	10.22	9.48	^a Tramal	CS

TRAMADOL HYDROCHLORIDE

Restricted benefit

For dosage titration in chronic pain where aspirin and/or paracetamol alone are inappropriate or have failed.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8611F NP	Capsule 50 mg	20	2	..	8.39	9.48	^a APO-Tramadol	TX
							^a Chem mart	CH
							^a Tramadol	
							^a GA Tramadol 50mg	GM
							^a GenRx Tramadol	GX
							^a Lodam 50	ZP
							^a Terry White	TW
							^a Chemists	
							^a Tramadol	
							^a Tramadol Sandoz	SZ
							^a Tramedo	AF
							^a Zydol	QA
				^B 1.83	10.22	9.48	^a Tramal	CS

Nervous system

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
TRAMADOL HYDROCHLORIDE							
<u>Restricted benefit</u>							
For pain where aspirin and/or paracetamol alone are inappropriate or have failed.							
<u>Note</u>							
Authorities for increased maximum quantities and/or repeats will be granted only for severe disabling pain not responding to non-narcotic analgesics.							
2527B NP	Tablet 50 mg (twice daily sustained release)	20	..	..	10.16	11.25	Tramal SR 50 CS
8523N NP	Tablet 100 mg (twice daily sustained release)	20	..	..	11.76	12.85	^a APO-Tramadol SR TX
							^a Chem mart CH
							^a Tramadol SR GM
							^a GA Tramadol SR 100mg
							^a Lodam SR 100 ZP
							^a Terry White Chemists TW
							^a Tramadol SR
							^a Tramadol Sandoz SR SZ
							^a Tramedo SR 100 AF
							^a Zydol SR 100 QA
				^B 3.40	15.16	12.85	^a Tramal SR 100 CS
8524P NP	Tablet 150 mg (twice daily sustained release)	20	..	..	13.62	14.71	^a APO-Tramadol SR TX
							^a Chem mart CH
							^a Tramadol SR
							^a GA Tramadol SR GM
							^a 150mg
							^a Lodam SR 150 ZP
							^a Terry White Chemists TW
							^a Tramadol SR
							^a Tramadol Sandoz SR SZ
							^a Tramedo SR 150 AF
							^a Zydol SR 150 QA
				^B 4.06	17.68	14.71	^a Tramal SR 150 CS
8525Q NP	Tablet 200 mg (twice daily sustained release)	20	..	..	15.18	16.27	^a APO-Tramadol SR TX
							^a Chem mart CH
							^a Tramadol SR
							^a GA Tramadol SR GM
							^a 200mg
							^a Lodam SR 200 ZP
							^a Terry White Chemists TW
							^a Tramadol SR
							^a Tramadol Sandoz SR SZ
							^a Tramedo SR 200 AF
							^a Zydol SR 200 QA
				^B 4.59	19.77	16.27	^a Tramal SR 200 CS
8843K NP	Oral drops 100 mg per mL, 10 mL	1	..	..	13.71	14.80	Tramal CS
9199E NP	Tablet 100 mg (once a day extended release)	10	..	..	11.41	12.50	Durotram XR IA
9200F NP	Tablet 200 mg (once a day extended release)	10	..	..	13.55	14.64	Durotram XR IA
9201G NP	Tablet 300 mg (once a day extended release)	10	..	..	16.02	17.11	Durotram XR IA

Nervous system

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	
TRAMADOL HYDROCHLORIDE								
<u>Restricted benefit</u>								
Short-term treatment of acute pain.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
8582Q NP	Injection 100 mg in 2 mL	5	..	..	13.10	14.19	^a Tramahexal	SZ
							^a Tramal 100	CS
Other analgesics and antipyretics								
<i>Salicylic acid and derivatives</i>								
ASPIRIN								
1010E NP	Tablet 300 mg (dispersible)	96	1	..	8.50	9.59	Solprin	RC
<i>Anilides</i>								
PARACETAMOL								
1746X NP	Tablet 500 mg	100	1	..	8.32	9.41	^a APO-Paracetamol	TX
							^a Chem mart Paracetamol	XS
							^a Febridol	GM
							^a Generic Health Pty Ltd	GQ
							^a Panamax	SW
							^a Paracetamol Sandoz	SZ
							^a Paralgin	FM
							^a Pharmacy Choice Paracetamol	YM
							^a Terry White Chemists Paracetamol	YS
1747Y NP	Oral liquid 120 mg per 5 mL, 100 mL	‡1	2	..	9.38	10.47	Panamax	SW
1770E NP	Oral liquid 240 mg per 5 mL, 200 mL	‡1	2	..	10.68	11.77	Panamax 240 Elixir	SW
PARACETAMOL								
<u>Restricted benefit</u>								
Chronic arthropathies.								
8784H NP	Tablet 500 mg	300	4	..	*12.12	13.21	^a APO-Paracetamol	TX
							^a Chem mart Paracetamol	XS
							^a Febridol	GM
							^a Generic Health Pty Ltd	GQ
							^a Panamax	SW
							^a Paracetamol Sandoz	SZ
							^a Paralgin	FM
							^a Pharmacy Choice Paracetamol	YM
							^a Terry White Chemists Paracetamol	YS

Nervous system

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	
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PARACETAMOL

Restricted benefit

Relief of persistent pain associated with osteoarthritis.

8814X NP	Tablet 665 mg (modified release)	192	5	..	*16.64	17.73	Panadol Osteo	GC
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Antimigraine preparations

Ergot alkaloids

DIHYDROERGOTAMINE MESYLATE

1323P	Injection 1 mg in 1 mL	5	17.06	18.15	Dihydergot	NV
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METHYSERGIDE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2826R NP	Tablet 1 mg	100	2	..	*44.96	35.40	Deseril	LM
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Selective 5HT₁-receptor agonists

ELETRIPTAN

Caution

Eletriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Authority required (STREAMLINED)

3233

Migraine attack in a patient where attacks in the past have usually failed to respond to analgesics.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5290K NP	Tablet 40 mg (as hydrobromide)	4	5	..	24.75	25.84	Relpax	PF
5291L NP	Tablet 80 mg (as hydrobromide)	4	5	..	24.75	25.84	Relpax	PF

RIZATRIPTAN

Caution

Rizatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Authority required (STREAMLINED)

3233

Migraine attack in a patient where attacks in the past have usually failed to respond to analgesics.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9313E NP	Wafer 10 mg (as benzoate)	4	5	..	*25.12	26.21	Maxalt	MK
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SUMATRIPTAN

Caution

Sumatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Nervous system

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
<u>Authority required (STREAMLINED)</u>							
3233							
Migraine attack in a patient where attacks in the past have usually failed to respond to analgesics.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
<u>Note</u>							
Continuing Therapy Only:							
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
<u>Note</u>							
Pharmaceutical benefits that have the form sumatriptan tablet 50 mg (as succinate) and pharmaceutical benefits that have the form sumatriptan tablet (fast disintegrating) 50 mg (as succinate) are equivalent for the purposes of substitution.							
8144P NP	Tablet 50 mg (as succinate)	4	5	..	24.38	25.47	^a Pharmacor Sumatriptan 50 CR
							^a Sumatriptan-GA GM
							^a Sumatriptan generichealth GQ
				..	*24.38	25.47	^a APO-Sumatriptan TX
							^a Chem mart Sumatriptan CH
							^a Sumagran 50 QA
							^a Sumatab AF
							^a Terry White Chemists Sumatriptan TW
				^B 1.84	*26.22	25.47	^a Imigran GK
8885P NP	Tablet (fast disintegrating) 50 mg (as succinate)	4	5	..	*24.38	25.47	^a Imigran FDT GK

SUMATRIPTAN

Caution

Sumatriptan is contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Authority required (STREAMLINED)

3233

Migraine attack in a patient where attacks in the past have usually failed to respond to analgesics.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8341B NP	Nasal spray 20 mg in 0.1 mL single dose unit	2	5	..	19.25	20.34	Imigran	GK
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Other antimigraine preparations

CYPROHEPTADINE HYDROCHLORIDE

Restricted benefit

Prevention of migraine.

Note

Cyproheptadine hydrochloride is not PBS-subsidised for use in hay fever or atopy.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1798P NP	Tablet 4 mg	100	2	..	14.19	15.28	Periactin	AS
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Nervous system

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
PIZOTIFEN MALATE							
Note							
Continuing Therapy Only:							
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
3074T NP	Tablet 500 micrograms (base)	100	2	..	21.75	22.84	Sandomigran 0.5 NV

Antiepileptics

Antiepileptics

Barbiturates and derivatives

PHENOBARBITONE

Restricted benefit

Epilepsy.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1850J NP	Tablet 30 mg	200	4	..	16.60	17.69	Aspen Pharma Pty Ltd QA
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PHENOBARBITONE SODIUM

Restricted benefit

Epilepsy.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1853M NP	Injection 200 mg in 1 mL	5	39.02	35.40	Fawns and McAllan Proprietary Limited FM
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PRIMIDONE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1939C NP	Tablet 250 mg	200	2	..	83.49	35.40	Mysoline LM
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Hydantoin derivatives

PHENYTOIN

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1249R NP	Tablet 50 mg	200	2	..	43.56	35.40	Dilantin Infatabs PF
2692Q NP	Paediatric oral suspension 30 mg per 5 mL, 500 mL	1	3	..	26.40	27.49	Dilantin PF

PHENYTOIN SODIUM

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1873N NP	Capsule 30 mg	200	2	..	29.18	30.27	Dilantin Sodium PF
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Nervous system

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	
1874P NP	Capsule 100 mg	200	2	..	30.12	31.21	Dilantin Sodium	PF

Succinimide derivatives

ETHOSUXIMIDE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1413J NP	Capsule 250 mg	200	2	..	54.10	35.40	Zarontin	PF
1414K NP	Paediatric syrup 250 mg per 5 mL, 200 mL	‡1	5	..	25.29	26.38	Zarontin	PF

Benzodiazepine derivatives

CLONAZEPAM

Authority required

Neurologically proven epilepsy.

Caution

Abuse of clonazepam has been reported. Refer to the current product information.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1805B NP	Tablet 500 micrograms	200	2	..	*19.50	20.59 ^a	Paxam 0.5	AF
				^B 3.42	*22.92	20.59 ^a	Rivotril	RO
1806C NP	Tablet 2 mg	200	2	..	*31.06	32.15 ^a	Paxam 2	AF
				^B 3.86	*34.92	32.15 ^a	Rivotril	RO
1808E NP	Oral liquid 2.5 mg per mL, 10 mL	2	..	..	*15.04	16.13	Rivotril	RO

CLONAZEPAM

Restricted benefit

Epilepsy.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1807D NP	Injection 1 mg in 2 mL (set containing solution 1 mg in 1 mL and 1 mL diluent)	5	18.58	19.67	Rivotril	RO
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NITRAZEPAM

Authority required

Myoclonic epilepsy;

Malignant neoplasia (late stage);

For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;

For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2732T	Tablet 5 mg	50	5	..	*9.22	10.31 ^a	Alodorm	AF
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Nervous system

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
<i>NP</i>				^B 2.90	*12.12	10.31 ^a	Mogadon VT

Carboxamide derivatives

CARBAMAZEPINE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2419H <i>NP</i>	Tablet 200 mg	200	2	^B 2.96	*31.96	30.09 ^a	Tegretol 200 NV
				..	29.02	30.11 ^a	Carbamazepine Sandoz SZ
						^a	Teril AF
2422L <i>NP</i>	Tablet 100 mg	200	2	^B 2.96	*21.46	19.59 ^a	Tegretol 100 NV
				..	18.51	19.60 ^a	Carbamazepine Sandoz SZ
2426Q <i>NP</i>	Tablet 200 mg (controlled release)	200	2	..	29.48	30.57	Tegretol CR 200 NV
2427R <i>NP</i>	Oral suspension 100 mg per 5 mL, 300 mL	‡1	5	..	21.35	22.44	Tegretol Liquid NV
2431Y <i>NP</i>	Tablet 400 mg (controlled release)	200	2	..	49.02	35.40	Tegretol CR 400 NV

OXCARBAZEPINE

Authority required (STREAMLINED)

1587

Treatment of partial epileptic seizures and primary generalised tonic-clonic seizures, which are not controlled satisfactorily by other anti-epileptic drugs.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8584T <i>NP</i>	Tablet 150 mg	100	5	..	72.27	35.40	Trileptal NV
8585W <i>NP</i>	Tablet 300 mg	100	5	..	115.08	35.40	Trileptal NV
8586X <i>NP</i>	Tablet 600 mg	100	5	..	187.98	35.40	Trileptal NV
8588B <i>NP</i>	Oral suspension 60 mg per mL, 250 mL	2	5	..	*138.12	35.40	Trileptal NV

Fatty acid derivatives

SODIUM VALPROATE

Caution

There are reports of fatal hepatotoxicity, particularly in children.

There is increasing evidence of dose-related teratogenesis from this drug.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2289L <i>NP</i>	Tablet 200 mg (enteric coated)	200	2	..	*29.92	31.01 ^a	Sodium Valproate Sandoz Valproate 200 Valpro 200 Valproate Winthrop EC 200 Epilim EC	SZ QA AF WA SW
2290M <i>NP</i>	Tablet 500 mg (enteric coated)	200	2	^B 2.00	*31.92	31.01 ^a	Sodium Valproate Sandoz	SZ

Nervous system

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 Valprease 500	QA
							^a Valpro 500	AF
							^a Valproate	WA
				^B 2.00	*53.38	35.40	^a Winthrop EC 500	SW
2293Q	Oral liquid 200 mg per 5 mL, 300 mL	2	2	..	*34.92	35.40	^a Epilim EC	SW
<i>NP</i>							Epilim Liquid	SW
2294R	Crushable tablet 100 mg	200	2	..	*32.00	33.09	Epilim	SW
<i>NP</i>								
2295T	Syrup 200 mg per 5 mL, 300 mL	2	2	..	*34.92	35.40	Epilim Syrup	SW
<i>NP</i>								

TIAGABINE HYDROCHLORIDE

Authority required (STREAMLINED)

2664

Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8221Q	Tablet 5 mg (base)	100	5	..	*72.64	35.40	Gabitril	OA
<i>NP</i>								
8222R	Tablet 10 mg (base)	100	5	..	*138.84	35.40	Gabitril	OA
<i>NP</i>								
8223T	Tablet 15 mg (base)	100	5	..	*196.88	35.40	Gabitril	OA
<i>NP</i>								

VIGABATRIN

Caution

Visual field defects have been reported with this drug.

Authority required (STREAMLINED)

1426

Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2667J	Tablet 500 mg	100	5	..	100.93	35.40	Sabril	SW
<i>NP</i>								
2668K	Oral powder, sachet 500 mg	60	5	..	67.70	35.40	Sabril	SW
<i>NP</i>								

Other antiepileptics

GABAPENTIN

Authority required (STREAMLINED)

2664

Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1834M	Capsule 300 mg	100	5	..	45.09	35.40	^a DBL Gabapentin	HH
<i>NP</i>								
							^a Gabapentin 300	CR
							^a Gabapentin-GA	GM
							^a Gabapentin Sandoz	SZ
							^a Gabatine 300	QA
							^a Gantin	GN
							^a GenRx Gabapentin	GX

Nervous system

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	
1835N NP	Capsule 400 mg	100	5	B0.61 ..	45.70 57.68	35.40	^a Nupentin 300	AF
							^a Neurontin	PF
							^a DBL Gabapentin	HH
							^a Gabapentin 400	CR
							^a Gabapentin Sandoz	SZ
							^a Gabatine 400	QA
							^a Gantin	GN
							^a GenRx Gabapentin	GX
8389M NP	Tablet 800 mg	100	5	B0.68 ..	58.36 114.90	35.40	^a Nupentin 400	AF
							^a Neurontin	PF
							^a Gabaran	RA
							^a Gabatine 800	QA
							^a Gantin	GN
							^a GenRx Gabapentin	GX
							^a Nupentin Tabs	AF
							^a Pharmacor Gabapentin 800	CR
8505P NP	Capsule 100 mg	100	5	B0.67 ..	115.57 18.18	35.40	^a Neurontin	PF
							^a APO-Gabapentin	TX
							^a DBL Gabapentin	HH
							^a Gabatine 100	QA
							^a Nupentin 100	AF
8559L NP	Tablet 600 mg	100	5	B0.68 ..	18.86 87.79	19.27	^a Neurontin	PF
							^a Gabaran	RA
							^a Gabatine 600	QA
							^a GenRx Gabapentin	GX
							^a Nupentin Tabs	AF
							^a Pharmacor Gabapentin 600	CR
							^a Neurontin	PF

LACOSAMIDE

Authority required

Treatment, initiated by a neurologist, in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs in a patient aged 16 years or older with intractable epilepsy.

A patient must have trialled and failed to achieve satisfactory seizure control with:

- (i) at least one first-line anti-epileptic agent; and
- (ii) at least two second-line adjunctive anti-epileptic agents;

Continuing treatment, in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, of partial epileptic seizures in a patient aged 16 years or older, who has previously been treated with PBS-subsidised lacosamide.

Note

No applications for increased maximum quantities will be authorised for the 56 tablet packs of the 150 mg and 200 mg strengths.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9333F NP	Tablet 50 mg	14	1	..	30.21	31.30	Vimpat	UC
9334G NP	Tablets 100 mg, 14	1	1	..	52.29	35.40	Vimpat	UC
9335H NP	Tablet 100 mg	56	5	..	188.45	35.40	Vimpat	UC
9336J	Tablets 150 mg, 14	1	1	..	74.69	35.40	Vimpat	UC

Nervous system

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	
<i>NP</i>								
9337K	Tablet 150 mg	56	5	..	272.64	35.40	Vimpat	UC
<i>NP</i>								
9338L	Tablet 200 mg	56	5	..	355.38	35.40	Vimpat	UC
<i>NP</i>								
LAMOTRIGINE								
<u>Authority required (STREAMLINED)</u>								
1426								
Treatment of epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.								
Note								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2848X	Tablet 25 mg	56	5	..	23.68	24.77	^a APO-Lamotrigine	TX
<i>NP</i>							^a GenRx Lamotrigine	GX
							^a Lamidus	RA
							^a Lamogine	AF
							^a Lamotrigine-GA	GN
							^a Lamotrigine generichealth	GQ
							^a Lamotrigine-PS	FZ
							^a Lamotrigine Sandoz	SZ
							^a Lamotrust 25	MI
							^a Seaze 25	QA
				^B 1.86	25.54	24.77	^a Lamictal	GK
2849Y	Tablet 50 mg	56	5	..	35.20	35.40	^a APO-Lamotrigine	TX
<i>NP</i>							^a GenRx Lamotrigine	GX
							^a Lamidus	RA
							^a Lamogine	AF
							^a Lamotrigine-GA	GN
							^a Lamotrigine generichealth	GQ
							^a Lamotrigine-PS	FZ
							^a Lamotrigine Sandoz	SZ
							^a Lamotrust 50	MI
							^a Seaze 50	QA
				^B 2.14	37.34	35.40	^a Lamictal	GK
2850B	Tablet 100 mg	56	5	..	52.62	35.40	^a APO-Lamotrigine	TX
<i>NP</i>							^a GenRx Lamotrigine	GX
							^a Lamidus	RA
							^a Lamogine	AF
							^a Lamotrigine-GA	GN
							^a Lamotrigine generichealth	GQ
							^a Lamotrigine-PS	FZ
							^a Lamotrigine Sandoz	SZ
							^a Lamotrust 100	MI
							^a Seaze 100	QA
				^B 1.69	54.31	35.40	^a Lamictal	GK
2851C	Tablet 200 mg	56	5	..	83.48	35.40	^a APO-Lamotrigine	TX
<i>NP</i>							^a GenRx Lamotrigine	GX

Nervous system

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
8063J NP	Tablet 5 mg	56	5	..	14.17	15.26	^a Lamidus RA
							^a Lamogine AF
							^a Lamotrigine-GA GN
							^a Lamotrigine generichealth GQ
							^a Lamotrigine-PS FZ
							^a Lamotrigine Sandoz SZ
							^a Lamotrast 200 MI
							^a Seaze 200 QA
							^B 1.85 85.33 35.40 ^a Lamictal GK
							^a Lamogine AF
							^B 1.85 16.02 15.26 ^a Seaze 5 QA
							^a Lamictal GK
LEVETIRACETAM							
<u>Authority required (STREAMLINED)</u>							
2664							
Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.							
<u>Note</u>							
Continuing Therapy Only:							
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8654L NP	Tablet 250 mg	60	5	..	54.57	35.40	^a APO-Levetiracetam TX
							^a Chem mart Levetiracetam CH
							^a Kepcet GM
							^a Keppra UC
							^a Kevtam AF
							^a Levecetam 250 RZ
							^a Levetiracetam generichealth GQ
							^a Levetiracetam SZ SZ
							^a Levitaccord RA
							^a Levitam 250 QA
							^a Terry White Chemists TW
							^a Levetiracetam
8655M NP	Tablet 500 mg	60	5	..	86.49	35.40	^a APO-Levetiracetam TX
							^a Chem mart Levetiracetam CH
							^a Kepcet GM
							^a Keppra UC
							^a Kevtam AF
							^a Levecetam 500 RZ
							^a Levetiracetam generichealth GQ
							^a Levetiracetam SZ SZ
							^a Levitaccord RA
							^a Levitam 500 QA
							^a Terry White Chemists TW
							^a Levetiracetam
8656N NP	Tablet 1 g	60	5	..	139.83	35.40	^a APO-Levetiracetam TX
							^a Chem mart CH

Nervous system

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	
							Levetiracetam	
							^a Kepcet	GM
							^a Keppra	UC
							^a Kevtam	AF
							^a Levecetam 1000	RZ
							^a Levetiracetam generichealth	GQ
							^a Levetiracetam SZ	SZ
							^a Levitaccord	RA
							^a Levitam 1000	QA
							^a Terry White Chemists Levetiracetam	TW

LEVETIRACETAM

Authority required (STREAMLINED)

3291

Treatment of partial epileptic seizures, which are not controlled satisfactorily by other anti-epileptic drugs in a patient unable to take a solid dose form of levetiracetam.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9169N NP	Oral solution 100 mg per mL, 300 mL	1	5	..	111.42	35.40	Keppra	UC
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SULTHIAME

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2099L NP	Tablet 50 mg	200	2	..	82.47	35.40	Ospolot	PL
2100M NP	Tablet 200 mg	200	2	..	205.99	35.40	Ospolot	PL

TOPIRAMATE

Authority required (STREAMLINED)

2797

Treatment of partial epileptic seizures, primary generalised tonic-clonic epileptic seizures and seizures of the Lennox-Gastaut syndrome, which are not controlled satisfactorily by other anti-epileptic drugs.

Authority required (STREAMLINED)

2799

Prophylaxis of migraine in a patient who has experienced an average of 3 or more migraines per month over a period of at least 6 months, and who:

(a) has a contraindication to beta-blockers, as described in the relevant TGA-approved Product Information; OR

(b) has experienced intolerance of a severity necessitating permanent withdrawal during treatment with a beta-blocker;

AND

(c) has a contraindication to pizotifen because the weight gain associated with this drug poses an unacceptable risk; OR

(d) has experienced intolerance of a severity necessitating permanent withdrawal during treatment with pizotifen.

Details of the contraindication and/or intolerance(s) must be documented in the patient's medical records when treatment is initiated.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8163P NP	Tablet 25 mg	60	5	..	36.47	35.40	^a APO-Topiramate	TX
							^a Epiramax 25	QA

Nervous system

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							
8164Q NP	Tablet 50 mg	60	5	..	53.81	35.40	a RBX Topiramate RA							
							a Tamate AF							
							a Topamax JC							
							a Topiramate-GA GM							
							a Topiramate generichealth GQ							
							a Topiramate Sandoz SZ							
							a APO-Topiramate TX							
							a Epiramax 50 QA							
							a RBX Topiramate RA							
							a Tamate AF							
							a Topamax JC							
							a Topiramate-GA GM							
							a Topiramate generichealth GQ							
							a Topiramate Sandoz SZ							
							<hr/>							
							TOPIRAMATE							
<u>Authority required (STREAMLINED)</u>														
2797														
Treatment of partial epileptic seizures, primary generalised tonic-clonic epileptic seizures and seizures of the Lennox-Gastaut syndrome, which are not controlled satisfactorily by other anti-epileptic drugs.														
<u>Note</u>														
Continuing Therapy Only:														
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.														
8165R NP	Tablet 100 mg	60	5	..	80.64	35.40	a APO-Topiramate TX							
							a Epiramax 100 QA							
							a RBX Topiramate RA							
							a Tamate AF							
							a Topamax JC							
							a Topiramate-GA GM							
							a Topiramate generichealth GQ							
							a Topiramate Sandoz SZ							
8166T NP	Tablet 200 mg	60	5	..	131.09	35.40	a APO-Topiramate TX							
							a Epiramax 200 QA							
							a RBX Topiramate RA							
							a Tamate AF							
							a Topamax JC							
							a Topiramate-GA GM							
							a Topiramate generichealth GQ							
							a Topiramate Sandoz SZ							

TOPIRAMATE

Authority required (STREAMLINED)

2798

Treatment of partial epileptic seizures, primary generalised tonic-clonic epileptic seizures and seizures of the Lennox-Gastaut syndrome, which are not controlled satisfactorily by other anti-epileptic drugs in patients unable to take a solid dose form of topiramate.

Nervous system

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	
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8371N NP	Capsule 15 mg	60	5	..	28.28	29.37	Topamax Sprinkle	JC
8372P NP	Capsule 25 mg	60	5	..	35.98	35.40	Topamax Sprinkle	JC
8520K NP	Capsule 50 mg	60	5	..	53.76	35.40	Topamax Sprinkle	JC

ZONISAMIDE

Authority required (STREAMLINED)

2664

Treatment of partial epileptic seizures which are not controlled satisfactorily by other anti-epileptic drugs.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9388D NP	Capsule 25 mg	56	5	..	22.80	23.89	Zonegran	SA
9389E NP	Capsule 50 mg	56	5	..	33.72	34.81	Zonegran	SA
9390F NP	Capsule 100 mg	112	5	..	*93.46	35.40	Zonegran	SA

Anti-Parkinson drugs

Anticholinergic agents

Tertiary amines

BENZHEXOL HYDROCHLORIDE

1109J NP	Tablet 2 mg	200	2	..	15.32	16.41	Artane	QA
1110K NP	Tablet 5 mg	200	1	..	22.01	23.10	Artane	QA

BIPERIDEN HYDROCHLORIDE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2544X NP	Tablet 2 mg	200	2	..	*20.88	21.97	Akineton	LM
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Ethers of tropine or tropine derivatives

BENZTROPINE MESYLATE

2362H NP	Tablet 2 mg	60	2	..	12.76	13.85	Benztrop	PL
3038X NP	Injection 2 mg in 2 mL	5	..	..	103.59	35.40	Cogentin	FK

Dopaminergic agents

Dopa and dopa derivatives

LEVODOPA with BENSERAZIDE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2225D NP	Capsule 100 mg-25 mg	100	5	..	38.92	35.40	Madopar 125	RO
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Nervous system

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	
2226E NP	Capsule 200 mg-50 mg	100	5	..	50.01	35.40	Madopar	RO
2227F NP	Capsule 50 mg-12.5 mg	100	5	..	23.00	24.09	Madopar 62.5	RO
2228G NP	Tablet 200 mg-50 mg	100	5	..	50.01	35.40	Madopar	RO
2229H NP	Tablet 100 mg-25 mg	100	5	..	38.92	35.40	Madopar 125	RO
2231K NP	Capsule 100 mg-25 mg (sustained release)	100	5	..	42.00	35.40	Madopar HBS	RO
8218M NP	Dispersible tablet 50 mg-12.5 mg	100	5	..	23.00	24.09	Madopar Rapid 62.5	RO
8219N NP	Dispersible tablet 100 mg-25 mg	100	5	..	38.92	35.40	Madopar Rapid 125	RO

LEVODOPA with CARBIDOPA

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1242J NP	Tablet 100 mg-25 mg	100	5	..	38.29	35.40 ^a	Kinson	AF
				^B 5.19	43.48	35.40 ^a	Sinemet 100/25	MK
1245M NP	Tablet 250 mg-25 mg	100	5	..	45.09	35.40 ^a	Levo/Carbidopa Sandoz	SZ
				^B 2.92	48.01	35.40 ^a	Sinemet	MK

LEVODOPA with CARBIDOPA

Authority required (STREAMLINED)

1257

Parkinson's disease where fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1255C NP	Tablet 200 mg-50 mg (modified release)	100	5	..	67.87	35.40	Sinemet CR	MK
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LEVODOPA with CARBIDOPA

Authority required

Maintenance therapy following treatment which was commenced in a hospital-based movement disorder clinic, of a patient with advanced Parkinson disease with severe disabling motor fluctuations not adequately controlled by oral therapy.

Note

Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8970D NP	Intestinal gel 20 mg-5 mg per mL, 100 mL	56	5	..	*11682.34	35.40	Duodopa	AB
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LEVODOPA with CARBIDOPA and ENTACAPONE

Authority required (STREAMLINED)

3305

Parkinson disease in patients being treated with levodopa—decarboxylase inhibitor combinations who are experiencing fluctuations in motor function due to end-of-dose effect;

Nervous system

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	
3306								
Parkinson disease in patients stabilised on concomitant treatment with levodopa—decarboxylase inhibitor combinations and entacapone.								
Note								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8797B NP	Tablet 50 mg-12.5 mg-200 mg	200	4	..	*311.88	35.40	Stalevo 50/12.5/200mg	NV
8798C NP	Tablet 100 mg-25 mg-200 mg	200	4	..	*341.92	35.40	Stalevo 100/25/200mg	NV
8799D NP	Tablet 150 mg-37.5 mg-200 mg	200	4	..	*371.96	35.40	Stalevo 150/37.5/200mg	NV
9292C NP	Tablet 200 mg-50 mg-200 mg	200	4	..	*399.62	35.40	Stalevo 200/50/200mg	NV
9344T NP	Tablet 75 mg-18.75 mg-200 mg	200	4	..	*325.12	35.40	Stalevo 75/18.75/200mg	NV
9345W NP	Tablet 125 mg-31.25 mg-200 mg	200	4	..	*353.96	35.40	Stalevo 125/31.25/200mg	NV

Adamantane derivatives

AMANTADINE HYDROCHLORIDE

Restricted benefit

Parkinson's disease which is not drug induced.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

3016R NP	Capsule 100 mg	100	5	..	44.30	35.40	Symmetrel 100	NV
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Dopamine agonists

BROMOCRIPTINE MESYLATE

Restricted benefit

Acromegaly;

Parkinson's disease;

Pathological hyperprolactinaemia where surgery is not indicated;

Pathological hyperprolactinaemia where surgery has already been used with incomplete resolution;

Pathological hyperprolactinaemia where radiotherapy is not indicated;

Pathological hyperprolactinaemia where radiotherapy has already been used with incomplete resolution.

Note

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

1443Y	Tablet 2.5 mg (base)	60	5	..	31.42	32.51 ^a	Kripton 2.5	AF
				..	*31.42	32.51 ^a	Parlodel	NV
1445C	Capsule 10 mg (base)	100	5	..	148.46	35.40	Kripton 10	AF
1446D	Capsule 5 mg (base)	60	5	..	48.28	35.40	Kripton 5	AF

CABERGOLINE

Restricted benefit

Parkinson's disease.

Note

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8393R NP	Tablet 1 mg	30	5	..	59.78	35.40 ^a	Bergoline 1	QA
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Nervous system

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	
8394T NP	Tablet 2 mg	30	5	..	77.94	35.40	^a Cabaser	PF
							^a Cobasol	GM
							^a Bergoline 2	QA
							^a Cabaser	PF
							^a Cobasol	GM

PERGOLIDE MESYLATE

Restricted benefit

Parkinson's disease as adjunctive therapy in patients being treated with levodopa—decarboxylase inhibitor combinations.

Note

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2808T NP	Tablet 50 micrograms (base)	100	..	..	52.93	35.40	Permax	AS
2809W NP	Tablet 250 micrograms (base)	100	5	..	66.18	35.40	Permax	AS
2810X NP	Tablet 1 mg (base)	100	5	..	241.69	35.40	Permax	AS

PRAMIPEXOLE HYDROCHLORIDE

Caution

Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Note

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Parkinson disease.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9151P NP	Tablet 125 micrograms	30	..	..	11.74	12.83	Sifrol	BY
9152Q NP	Tablet 250 micrograms	100	5	..	41.27	35.40	Sifrol	BY
9153R NP	Tablet 1 mg	100	5	..	152.14	35.40	Sifrol	BY

PRAMIPEXOLE HYDROCHLORIDE

Caution

Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Note

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Treatment of severe primary Restless Legs Syndrome in a patient who manifests all 4 diagnostic criteria below and whose baseline International Restless Legs Syndrome Rating Scale (IRLSRS) score is greater than or equal to 21 points prior to initiation of pramipexole.

The date and IRLSRS score must be documented in the patient's medical records at the time pramipexole treatment is initiated.

The diagnostic criteria for Restless Legs Syndrome are:

- An urge to move the legs usually accompanied or caused by unpleasant sensations in the legs; and
- The urge to move or unpleasant sensations begin or worsen during periods of rest or inactivity such as lying or sitting; and
- The urge to move or unpleasant sensations are partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues; and
- The urge to move or unpleasant sensations are worse in the evening or night than during the day or only occur during the evening or night.

Nervous system

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	
Pramipexole is not PBS-subsidised for Restless Legs Syndrome secondary to other causes.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
9393J NP	Tablet 125 micrograms	30	2	..	11.74	12.83	Sifrol	BY
9394K NP	Tablet 250 micrograms	100	2	..	41.27	35.40	Sifrol	BY

PRAMIPEXOLE HYDROCHLORIDE

Caution

Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Note

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Parkinson disease.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

No applications for increased maximum quantities and/or repeats will be approved for extended release pramipexole formulations.

3418X NP	Tablet 0.375 mg (extended release)	30	5	..	22.39	23.48	Sifrol ER	BY
3419Y NP	Tablet 0.75 mg (extended release)	30	5	..	37.84	35.40	Sifrol ER	BY
3420B NP	Tablet 1.5 mg (extended release)	30	5	..	66.51	35.40	Sifrol ER	BY
3421C NP	Tablet 3 mg (extended release)	30	5	..	137.56	35.40	Sifrol ER	BY
3422D NP	Tablet 4.5 mg (extended release)	30	5	..	203.13	35.40	Sifrol ER	BY
5143Q NP	Tablet 2.25 mg (extended release)	30	5	..	96.57	35.40	Sifrol ER	BY
5145T NP	Tablet 3.75 mg (extended release)	30	5	..	167.61	35.40	Sifrol ER	BY

Monoamine oxidase type B inhibitors

SELEGILINE HYDROCHLORIDE

Restricted benefit

Late stage Parkinson's disease as adjunctive therapy in patients being treated with levodopa—decarboxylase inhibitor combinations.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1973W NP	Tablet 5 mg	100	5	..	52.96	35.40 ^a	Eldepryl	AS
						^a	Selgene	AF

Other dopaminergic agents

ENTACAPONE

Authority required (STREAMLINED)

2067

Parkinson's disease as adjunctive therapy in patients being treated with levodopa—decarboxylase inhibitor combinations who are experiencing fluctuations in motor function due to end-of-dose effect.

Nervous system

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
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8367J NP	Tablet 200 mg	200	4	..	*281.82	35.40	Comtan NV

Psycholeptics

Antipsychotics

Phenothiazine with aliphatic side-chain

CHLORPROMAZINE HYDROCHLORIDE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1195X NP	Injection 50 mg in 2 mL	10	..	..	20.48	21.57	Largactil	SW
1196Y NP	Tablet 10 mg	100	5	..	10.49	11.58	Largactil	SW
1197B NP	Tablet 25 mg	100	5	..	11.09	12.18	Largactil	SW
1199D NP	Tablet 100 mg	100	5	..	17.44	18.53	Largactil	SW
1201F NP	Mixture 25 mg per 5 mL, 100 mL	‡1	5	..	12.57	13.66	Largactil	SW

Phenothiazine with piperazine structure

FLUPHENAZINE DECANOATE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1001Q NP	Injection 50 mg in 2 mL	5	..	..	37.65	35.40	Modectate	BQ
1046C NP	Injection 12.5 mg in 0.5 mL	5	..	..	19.22	20.31	Modectate	BQ
3098C NP	Injection 25 mg in 1 mL	5	..	..	26.38	27.47	Modectate	BQ

TRIFLUOPERAZINE HYDROCHLORIDE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2185B NP	Tablet 1 mg (base)	100	5	..	13.31	14.40	Stelazine	GH
2186C NP	Tablet 5 mg (base)	100	5	..	13.86	14.95	Stelazine	GH
2386N NP	Tablet 2 mg (base)	100	5	..	13.48	14.57	Stelazine	GH

Phenothiazines with piperidine structure

PERICYAZINE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

3052P NP	Tablet 2.5 mg	100	5	..	10.41	11.50	Neulactil	SW
3053Q	Tablet 10 mg	100	5	..	14.46	15.55	Neulactil	SW

Nervous system

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	
NP								

Butyrophenone derivatives

HALOPERIDOL

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2761H NP	Tablet 500 micrograms	100	5	..	10.56	11.65	Serenace	QA
2763K NP	Oral liquid 2 mg per mL, 100 mL	1	5	..	20.45	21.54	Serenace	QA
2767P NP	Tablet 1.5 mg	100	5	..	10.91	12.00	Serenace	QA
2768Q NP	Injection 5 mg in 1 mL	10	..	..	22.28	23.37	Serenace	QA
2770T NP	Tablet 5 mg	50	5	..	10.68	11.77	Serenace	QA

HALOPERIDOL DECANOATE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2765M NP	I.M. injection equivalent to 50 mg haloperidol in 1 mL	5	..	..	26.67	27.76	Haldol decanoate	JC
2766N NP	I.M. injection equivalent to 150 mg haloperidol in 3 mL	5	..	..	46.23	35.40	Haldol decanoate	JC

Indole derivatives

ZIPRASIDONE HYDROCHLORIDE

Authority required (STREAMLINED)

1589

Schizophrenia.

Authority required (STREAMLINED)

3084

Monotherapy, for up to 6 months, of an episode of acute mania or mixed episodes associated with bipolar I disorder.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9070J NP	Capsule 20 mg (base)	60	5	..	90.61	35.40	Zeldox	PF
9071K NP	Capsule 40 mg (base)	60	5	..	175.11	35.40	Zeldox	PF
9072L NP	Capsule 60 mg (base)	60	5	..	253.63	35.40	Zeldox	PF
9073M NP	Capsule 80 mg (base)	60	5	..	330.43	35.40	Zeldox	PF

Thioxanthene derivatives

FLUPENTHIXOL DECANOATE

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2255Q NP	Oily I.M. injection 20 mg in 1 mL	5	..	..	20.51	21.60	Fluanxol Depot	LU
2257T NP	Oily I.M. injection 100 mg in 1 mL	5	..	..	48.27	35.40	Fluanxol Concentrated Depot	LU

Nervous system

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	
ZUCLOPENTHIXOL DECANOATE								
<u>Note</u>								
Shared Care Model:								
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
8097E NP	Oily I.M. injection 200 mg in 1 mL	5	..	..	27.24	28.33	Clopixol Depot	LU

Diazepines, oxazepines, thiazepines and oxepines

ASENAPINE

Authority required (STREAMLINED)

1589

Schizophrenia;

3935

Treatment, for up to 6 months, of an episode of acute mania or mixed episodes associated with bipolar I disorder;

3936

Maintenance treatment, as monotherapy, of bipolar I disorder.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5140M NP	Sublingual wafer 5 mg (as maleate)	60	5	..	157.07	35.40	Saphris	LU
5141N NP	Sublingual wafer 10 mg (as maleate)	60	5	..	252.72	35.40	Saphris	LU

OLANZAPINE

Authority required (STREAMLINED)

1589

Schizophrenia;

2044

Maintenance treatment of bipolar I disorder.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Pharmaceutical benefits that have the form olanzapine tablet 2.5 mg and pharmaceutical benefits that have the form olanzapine tablet 2.5 mg (as benzoate) are equivalent for the purposes of substitution.

1024X NP	Tablet 2.5 mg (as benzoate)	28	5	..	46.73	35.40	^a Olanzapine generichealth 2.5	GQ
8170B NP	Tablet 2.5 mg	28	5	..	46.73	35.40	^a APO-Olanzapine	TX
							^a Chem mart Olanzapine	CH
							^a Lanzek	EL
							^a Olanzapine-DRLA	RZ
							^a Olanzapine-GA	GM
							^a Olanzapine-PS	FZ
							^a Olanzapine RBX	RA
							^a Olanzapine Sandoz	SZ
							^a Ozin 2.5	DO
							^a Terry White Chemists Olanzapine	TW
							^a Zylap 2.5	QA
							^a Zypine	AF
							^a Zyprexa	LY

Nervous system

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
OLANZAPINE <u>Authority required (STREAMLINED)</u> 1589 Schizophrenia; 2044 Maintenance treatment of bipolar I disorder. <u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners. <u>Note</u> Pharmaceutical benefits that have the form olanzapine tablet 5 mg and pharmaceutical benefits that have the form olanzapine tablet 5 mg (as benzoate) are equivalent for the purposes of substitution.							
1037N NP	Tablet 5 mg (as benzoate)	28	5	..	84.41	35.40	^a Olanzapine generichealth 5 GQ
8185T NP	Tablet 5 mg	28	5	..	84.41	35.40	^a APO-Olanzapine TX
							^a Chem mart CH
							^a Olanzapine EL
							^a Lanzek EL
							^a Olanzapine-DRLA RZ
							^a Olanzapine-GA GM
							^a Olanzapine-PS FZ
							^a Olanzapine RBX RA
							^a Olanzapine Sandoz SZ
							^a Ozin 5 DO
							^a Terry White Chemists TW
							^a Olanzapine
							^a Zylap 5 OA
							^a Zypine AF
							^a Zyprexa LY
OLANZAPINE <u>Authority required (STREAMLINED)</u> 1589 Schizophrenia; 2044 Maintenance treatment of bipolar I disorder. <u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners. <u>Note</u> Pharmaceutical benefits that have the form olanzapine tablet 7.5 mg and pharmaceutical benefits that have the form olanzapine tablet 7.5 mg (as benzoate) are equivalent for the purposes of substitution.							
1041T NP	Tablet 7.5 mg (as benzoate)	28	5	..	124.60	35.40	^a Olanzapine generichealth 7.5 GQ
8186W NP	Tablet 7.5 mg	28	5	..	124.60	35.40	^a APO-Olanzapine TX
							^a Chem mart CH
							^a Olanzapine EL
							^a Lanzek EL
							^a Olanzapine-DRLA RZ
							^a Olanzapine-GA GM

Nervous system

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	Olanzapine-PS	FZ
						^a	Olanzapine RBX	RA
						^a	Olanzapine Sandoz	SZ
						^a	Ozin 7.5	DO
						^a	Terry White Chemists Olanzapine	TW
						^a	Zylap 7.5	QA
						^a	Zypine	AF
						^a	Zyprexa	LY

OLANZAPINE

Authority required (STREAMLINED)

1589

Schizophrenia;

2044

Maintenance treatment of bipolar I disorder.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Pharmaceutical benefits that have the form olanzapine tablet 10 mg and pharmaceutical benefits that have the form olanzapine tablet 10 mg (as benzoate) are equivalent for the purposes of substitution.

1042W NP	Tablet 10 mg (as benzoate)	28	5	..	164.00	35.40	^a	Olanzapine generichealth 10	GQ
8187X NP	Tablet 10 mg	28	5	..	164.00	35.40	^a	APO-Olanzapine	TX
							^a	Chem mart Olanzapine	CH
							^a	Lanzek	EL
							^a	Olanzapine-DRLA	RZ
							^a	Olanzapine-GA	GM
							^a	Olanzapine-PS	FZ
							^a	Olanzapine RBX	RA
							^a	Olanzapine Sandoz	SZ
							^a	Ozin 10	DO
							^a	Terry White Chemists Olanzapine	TW
							^a	Zylap 10	QA
							^a	Zypine	AF
							^a	Zyprexa	LY

OLANZAPINE

Authority required (STREAMLINED)

1589

Schizophrenia;

2044

Maintenance treatment of bipolar I disorder.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Nervous system

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
Note Pharmaceutical benefits that have the form olanzapine tablet 5 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 5 mg are equivalent for the purposes of substitution.								
3381Y NP	Tablet 5 mg (orally disintegrating)	28	5	..	84.41	35.40	^a	APO-Olanzapine ODT TX
							^a	Chem mart Olanzapine ODT CH
							^a	Olanzapine-GA ODT GM
							^a	Olanzapine ODT-DRLA RZ
							^a	PS Olanzapine ODT FZ
							^a	Terry White Chemists Olanzapine ODT TW
							^a	Zylap ODT 5 QA
8433W NP	Wafer 5 mg	28	5	..	84.41	35.40	^a	Lanzek Zydis EL
							^a	Zypine ODT AF
							^a	Zyprexa Zydis LY

OLANZAPINE

Authority required (STREAMLINED)

1589

Schizophrenia;

2044

Maintenance treatment of bipolar I disorder.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Pharmaceutical benefits that have the form olanzapine tablet 10 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 10 mg are equivalent for the purposes of substitution.

3382B NP	Tablet 10 mg (orally disintegrating)	28	5	..	164.00	35.40	^a	APO-Olanzapine ODT TX
							^a	Chem mart Olanzapine ODT CH
							^a	Olanzapine-GA ODT GM
							^a	Olanzapine ODT-DRLA RZ
							^a	PS Olanzapine ODT FZ
							^a	Terry White Chemists Olanzapine ODT TW
							^a	Zylap ODT 10 QA
8434X NP	Wafer 10 mg	28	5	..	164.00	35.40	^a	Lanzek Zydis EL
							^a	Zypine ODT AF
							^a	Zyprexa Zydis LY

OLANZAPINE

Authority required (STREAMLINED)

1589

Schizophrenia;

2044

Maintenance treatment of bipolar I disorder.

Nervous system

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	
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
Note Pharmaceutical benefits that have the form olanzapine tablet 15 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 15 mg are equivalent for the purposes of substitution.								
3384D NP	Tablet 15 mg (orally disintegrating)	28	5	..	239.29	35.40 ^a	APO-Olanzapine ODT Chem mart Olanzapine ODT Terry White Chemists Olanzapine ODT	TX CH TW
8952E NP	Wafer 15 mg	28	5	..	239.29	35.40 ^a	Zyprexa Zydys	LY
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OLANZAPINE Authority required (STREAMLINED) 1589 Schizophrenia; 2044 Maintenance treatment of bipolar I disorder.								
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
Note Pharmaceutical benefits that have the form olanzapine tablet 20 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 20 mg are equivalent for the purposes of substitution.								
3385E NP	Tablet 20 mg (orally disintegrating)	28	5	..	310.90	35.40 ^a	APO-Olanzapine ODT Chem mart Olanzapine ODT Terry White Chemists Olanzapine ODT	TX CH TW
8953F NP	Wafer 20 mg	28	5	..	310.90	35.40 ^a	Zyprexa Zydys	LY
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OLANZAPINE Authority required (STREAMLINED) 1589 Schizophrenia.								
Caution Monitor for post-injection syndrome for at least three hours after each injection.								
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
Note Special Pricing Arrangements apply.								
9294E NP	Powder for injection 210 mg (as pamoate monohydrate) with diluent	2	5	..	*499.78	35.40	Zyprexa Relprevv	LY
9295F NP	Powder for injection 300 mg (as pamoate monohydrate) with diluent	2	5	..	*809.26	35.40	Zyprexa Relprevv	LY
9303P NP	Powder for injection 405 mg (as pamoate monohydrate) with diluent	1	5	..	499.78	35.40	Zyprexa Relprevv	LY

Nervous system

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
QUETIAPINE							
<u>Authority required (STREAMLINED)</u>							
1589							
Schizophrenia;							
2765							
Monotherapy, for up to 6 months, of an episode of acute mania associated with bipolar I disorder;							
2044							
Maintenance treatment of bipolar I disorder.							
<u>Note</u>							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
5458G NP	Tablet (modified release) 150 mg (as fumarate)	60	5	..	118.18	35.40	Seroquel XR AP
8456C NP	Tablet 25 mg (as fumarate)	60	5	..	46.82	35.40	^a APO-Quetiapine TX
							^a Chem mart CH
							^a Quetiapine
							^a Delucon 25 DO
							^a Quetiaccord WQ
							^a Quetiapine Actavis TA
							^a Quetiapine DRLA RZ
							^a Quetiapine GH 25 GQ
							^a Quetiapine Pfizer FZ
							^a Quetiapine RBX RA
							^a Quetiapine Sandoz SZ
							^a Quipine GM
							^a Sequase PM
							^a Seroquel AP
							^a Terry White Chemists TW
8457D NP	Tablet 100 mg (as fumarate)	90	5	..	118.18	35.40	^a APO-Quetiapine TX
							^a Chem mart CH
							^a Quetiapine
							^a Delucon 100 DO
							^a Quetiaccord WQ
							^a Quetiapine Actavis TA
							^a Quetiapine DRLA RZ
							^a Quetiapine GH 100 GQ
							^a Quetiapine Pfizer FZ
							^a Quetiapine RBX RA
							^a Quetiapine Sandoz SZ
							^a Quipine GM
							^a Sequase PM
							^a Seroquel AP
							^a Terry White Chemists TW
8458E NP	Tablet 200 mg (as fumarate)	60	5	..	158.69	35.40	^a APO-Quetiapine TX
							^a Chem mart CH
							^a Quetiapine
							^a Delucon 200 DO
							^a Quetiaccord WQ

Nervous system

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 Quetiapine Actavis 200 TA
							^a Quetiapine-DRLA RZ
							^a Quetiapine GH 200 GQ
							^a Quetiapine Pfizer FZ
							^a Quetiapine RBX RA
							^a Quetiapine Sandoz SZ
							^a Quipine GM
							^a Sequase PM
							^a Seroquel AP
							^a Terry White Chemists Quetiapine TW
8580N NP	Tablet 300 mg (as fumarate)	60	5	..	227.54	35.40	^a APO-Quetiapine TX
							^a Chem mart Quetiapine CH
							^a Delucon 300 DO
							^a Quetiaccord WQ
							^a Quetiapine Actavis 300 TA
							^a Quetiapine-DRLA RZ
							^a Quetiapine GH 300 GQ
							^a Quetiapine Pfizer FZ
							^a Quetiapine RBX RA
							^a Quetiapine Sandoz SZ
							^a Quipine GM
							^a Sequase PM
							^a Seroquel AP
							^a Terry White Chemists Quetiapine TW
9202H NP	Tablet (modified release) 50 mg (as fumarate)	60	5	..	85.40	35.40	Seroquel XR AP
9203J NP	Tablet (modified release) 200 mg (as fumarate)	60	5	..	158.69	35.40	Seroquel XR AP
9204K NP	Tablet (modified release) 300 mg (as fumarate)	60	5	..	227.54	35.40	Seroquel XR AP
9205L NP	Tablet (modified release) 400 mg (as fumarate)	60	5	..	301.28	35.40	Seroquel XR AP

Benzamides

AMISULPRIDE

Authority required (STREAMLINED)

1589

Schizophrenia.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8594H NP	Tablet 100 mg	30	5	..	32.63	33.72	^a Amisulpride 100 Winthrop WA
							^a Amisulpride Sandoz SZ
							^a APO-Amisulpride TX
							^a Solian 100 SW
							^a Sulprix AF
8595J NP	Tablet 200 mg	60	5	..	114.44	35.40	^a Amisulpride 200 Winthrop WA

Nervous system

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	
8596K NP	Tablet 400 mg	60	5	..	202.29	35.40	^a Amisulpride Sandoz	SZ
							^a APO-Amisulpride	TX
							^a Solian 200	SW
							^a Sulprix	AF
							^a Amipride 400	QA
							^a Amisulpride 400 Winthrop	WA
							^a Amisulpride Sandoz	SZ
							^a APO-Amisulpride	TX
							^a Solian 400	SW
8736T NP	Oral solution 100 mg per mL, 60 mL	2	5	..	*148.74	35.40	^a Sulprix	AF
							Solian Solution	SW

Lithium

LITHIUM CARBONATE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

3059B NP	Tablet 250 mg	200	2	..	16.89	17.98	Lithicarb	AS
8290H NP	Tablet 450 mg (slow release)	200	2	..	*34.30	35.39	Quilonum SR	GK

Other antipsychotics

ARIPIPRAZOLE

Authority required (STREAMLINED)

1589

Schizophrenia.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8717T NP	Tablet 10 mg	30	5	..	128.92	35.40	^a Abilify	BQ
							^a Aripiprazole GH	GQ
8718W NP	Tablet 15 mg	30	5	..	180.26	35.40	^a Abilify	BQ
							^a Aripiprazole GH	GQ
8719X NP	Tablet 20 mg	30	5	..	216.79	35.40	^a Abilify	BQ
							^a Aripiprazole GH	GQ
8720Y NP	Tablet 30 mg	30	5	..	258.84	35.40	^a Abilify	BQ
							^a Aripiprazole GH	GQ

PALIPERIDONE

Authority required (STREAMLINED)

1589

Schizophrenia.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Special Pricing Arrangements apply to 3 mg and 6 mg strengths.

Nervous system

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	
9140C NP	Tablet 3 mg (prolonged release)	28	5	..	161.07	35.40	Invega	JC
9141D NP	Tablet 6 mg (prolonged release)	28	5	..	169.68	35.40	Invega	JC

PALIPERIDONE

Authority required (STREAMLINED)

1589

Schizophrenia.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5100K NP	I.M. injection (modified release) 25 mg (as palmitate) in pre-filled syringe	1	5	..	149.63	35.40	Invega Sustenna	JC
5102M NP	I.M. injection (modified release) 50 mg (as palmitate) in pre-filled syringe	1	5	..	284.80	35.40	Invega Sustenna	JC
5103N NP	I.M. injection (modified release) 75 mg (as palmitate) in pre-filled syringe	1	5	..	363.14	35.40	Invega Sustenna	JC
5107T NP	I.M. injection (modified release) 100 mg (as palmitate) in pre-filled syringe	1	5	..	440.69	35.40	Invega Sustenna	JC
5109X NP	I.M. injection (modified release) 150 mg (as palmitate) in pre-filled syringe	1	5	..	440.69	35.40	Invega Sustenna	JC
9142E NP	Tablet 9 mg (prolonged release)	28	5	..	226.01	35.40	Invega	JC

RISPERIDONE

Authority required (STREAMLINED)

2061

Behavioural disturbances characterised by psychotic symptoms and aggression in patients with dementia where non-pharmacological methods have been unsuccessful.

Caution

In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

Authority required (STREAMLINED)

3083

Treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a patient aged less than 18 years with autism.

Continuing PBS-subsidised treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a patient 18 years of age or older with autism who was commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or ICD-10 international classification of mental and behavioural disorders.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8787L NP	Tablet 0.5 mg	60	2	..	26.59	27.68	^a Ozidal	RA
							^a Resdone 0.5	CR
							^a Rispa	QA
							^a Risperidone-DRLA	RZ
							^a Risperidone-GA	GM
							^a Risperidone Pfizer	FZ
							^a Risperidone Sandoz	SZ

Nervous system

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	
8788M NP	Tablet 0.5 mg (orally disintegrating)	56	2	..	*26.61	27.70	^a Rixadone	AF
							^a APO-Risperidone	TX
							^a Risperdal	JC
							Risperdal Quicklet	JC
							^a APO-Risperidone	TX
							^a Ozidal	RA
							^a Resdone 1	CR
							^a Rispa	QA
							^a Risperdal	JC
							^a Risperidone-DRLA	RZ
8789N NP	Tablet 1 mg	60	2	..	44.77	35.40	^a Risperidone-GA	GM
							^a Risperidone generichealth	GQ
							^a Risperidone Pfizer	FZ
							^a Risperidone Sandoz	SZ
							^a Rixadone	AF
							Risperdal Quicklet	JC
							^a Risperdal	JC
							^a Risperdal	JC
							^a Risperdal	JC
							^a Risperdal	JC
8790P NP	Tablet 1 mg (orally disintegrating)	56	2	..	*50.20	35.40	Risperdal Quicklet	JC
9293D NP	Oral solution 1 mg per mL, 100 mL	1	2	..	118.03	35.40	Risperdal	JC

RISPERIDONE

Authority required (STREAMLINED)

1589

Schizophrenia.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8869T NP	Tablet 0.5 mg	60	5	..	26.59	27.68	^a Ozidal	RA
							^a Resdone 0.5	CR
							^a Rispa	QA
							^a Risperidone-DRLA	RZ
							^a Risperidone-GA	GM
							^a Risperidone Pfizer	FZ
							^a Risperidone Sandoz	SZ
							^a Rixadone	AF
							^a APO-Risperidone	TX
							^a Risperdal	JC
8870W NP	Tablet 0.5 mg (orally disintegrating)	56	5	..	*29.00	30.09	Risperdal Quicklet	JC
							Risperdal Quicklet	JC

RISPERIDONE

Authority required (STREAMLINED)

1589

Schizophrenia.

Authority required (STREAMLINED)

2272

Adjunctive therapy to mood stabilisers for up to 6 months, of an episode of acute mania associated with bipolar I disorder.

Nervous system

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
Note Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
3169T NP	Tablet 1 mg	60	5	..	44.77	35.40	^a APO-Risperidone TX
							^a Ozidal RA
							^a Resdone 1 CR
							^a Rispa QA
							^a Risperdal JC
							^a Risperidone-DRLA RZ
							^a Risperidone-GA GM
							^a Risperidone generichealth GQ
							^a Risperidone Pfizer FZ
							^a Risperidone Sandoz SZ
3170W NP	Tablet 2 mg	60	5	..	91.57	35.40	^a Rixadone AF
							^a APO-Risperidone TX
							^a Ozidal RA
							^a Resdone 2 CR
							^a Rispa QA
							^a Risperdal JC
							^a Risperidone-DRLA RZ
							^a Risperidone-GA GM
							^a Risperidone generichealth GQ
							^a Risperidone Pfizer FZ
3171X NP	Tablet 3 mg	60	5	..	137.74	35.40	^a Risperidone Sandoz SZ
							^a Rixadone AF
							^a APO-Risperidone TX
							^a Ozidal RA
							^a Resdone 3 CR
							^a Rispa QA
							^a Risperdal JC
							^a Risperidone-DRLA RZ
							^a Risperidone-GA GM
							^a Risperidone generichealth GQ
3172Y NP	Tablet 4 mg	60	5	..	183.69	35.40	^a Risperidone Pfizer FZ
							^a Risperidone Sandoz SZ
							^a Rixadone AF
							^a APO-Risperidone TX
							^a Ozidal RA
							^a Resdone 4 CR
							^a Rispa QA
							^a Risperdal JC
							^a Risperidone-DRLA RZ
							^a Risperidone-GA GM
							^a Risperidone generichealth GQ
							^a Risperidone Pfizer FZ
							^a Risperidone Sandoz SZ

Nervous system

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 Rixadone	AF
8100H NP	Oral solution 1 mg per mL, 100 mL	‡1	5	..	118.03	35.40	Risperdal	JC
8792R NP	Tablet 1 mg (orally disintegrating)	56	5	..	*50.20	35.40	Risperdal Quicklet	JC
8794W NP	Tablet 2 mg (orally disintegrating)	56	5	..	*93.24	35.40	Risperdal Quicklet	JC
9075P NP	Tablet 3 mg (orally disintegrating)	56	5	..	*135.42	35.40	Risperdal Quicklet	JC
9076Q NP	Tablet 4 mg (orally disintegrating)	56	5	..	*178.32	35.40	Risperdal Quicklet	JC

RISPERIDONE

Authority required (STREAMLINED)

3083

Treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a patient aged less than 18 years with autism.

Continuing PBS-subsidised treatment under the supervision of a paediatrician or psychiatrist, in combination with non-pharmacological measures, of severe behavioural disturbances in a patient 18 years of age or older with autism who was commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or ICD-10 international classification of mental and behavioural disorders.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9079W NP	Tablet 2 mg	60	2	..	91.57	35.40	^a APO-Risperidone	TX
							^a Ozidal	RA
							^a Resdone 2	CR
							^a Rispa	QA
							^a Risperdal	JC
							^a Risperidone-DRLA	RZ
							^a Risperidone-GA	GM
							^a Risperidone generichealth	GQ
							^a Risperidone Pfizer	FZ
							^a Risperidone Sandoz	SZ
							^a Rixadone	AF
9080X NP	Tablet 2 mg (orally disintegrating)	56	2	..	*93.24	35.40	Risperdal Quicklet	JC

RISPERIDONE

Authority required (STREAMLINED)

1589

Schizophrenia;

3841

Maintenance treatment, in combination with lithium or sodium valproate, of treatment refractory bipolar I disorder.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8780D	Powder for I.M. injection 25 mg (modified	2	5	..	*277.10	35.40	Risperdal Consta	JC
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Nervous system

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	
<i>NP</i>	release) with 2 mL diluent in pre-filled syringe							
8781E	Powder for I.M. injection 37.5 mg (modified	2	5	..	*353.44	35.40	Risperdal Consta	JC
<i>NP</i>	release) with 2 mL diluent in pre-filled syringe							
8782F	Powder for I.M. injection 50 mg (modified	2	5	..	*428.98	35.40	Risperdal Consta	JC
<i>NP</i>	release) with 2 mL diluent in pre-filled syringe							

Anxiolytics

Benzodiazepine derivatives

ALPRAZOLAM

Authority required

Panic disorder where other treatments have failed or are inappropriate.

2130D	Tablet 250 micrograms	50	..	..	8.88	9.97	^a Alprax 0.25	QA
<i>NP</i>							^a Alprazolam Sandoz	SZ
							^a Kalma 0.25	AF
				^B 0.83	9.71	9.97	^a Xanax	PF
2131E	Tablet 500 micrograms	50	..	..	10.40	11.49	^a Alprax 0.5	QA
<i>NP</i>							^a Alprazolam Sandoz	SZ
							^a Kalma 0.5	AF
				^B 0.87	11.27	11.49	^a Xanax	PF
2132F	Tablet 1 mg	50	2	..	13.35	14.44	^a Alprax 1	QA
<i>NP</i>							^a Alprazolam Sandoz	SZ
							^a Chem mart	CH
							Alprazolam	
							^a GenRx Alprazolam	GX
							^a Kalma 1	AF
							^a Ralozam	GM
							^a Terry White	TW
							Chemists	
							Alprazolam	
				^B 1.04	14.39	14.44	^a Xanax	PF
8118G	Tablet 2 mg	50	2	..	17.16	18.25	^a Alprax 2	QA
<i>NP</i>							^a Alprazolam Sandoz	SZ
							^a Chem mart	CH
							Alprazolam	
							^a GenRx Alprazolam	GX
							^a Kalma 2	AF
							^a Ralozam	GM
							^a Terry White	TW
							Chemists	
							Alprazolam	
				^B 1.25	18.41	18.25	^a Xanax Tri-Score	PF

DIAZEPAM

Note

Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for

(i) the treatment of disabling spasticity; or

(ii) malignant neoplasia (late stage); or

(iii) use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or

(iv) use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal. Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.

Nervous system

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
2558P NP	Injection 10 mg in 2 mL	5	..	..	12.29	13.38	Hospira Pty Limited HH
3161J NP	Tablet 2 mg	50	..	..	7.72	8.81	^a Antenex 2 AF
							^a APO-Diazepam TX
							^a Ranzepam RA
							^a Valpam 2 QA
				^B 0.82	8.54	8.81	^a Valium RO
3162K NP	Tablet 5 mg	50	..	..	7.85	8.94	^a Antenex 5 AF
							^a APO-Diazepam TX
							^a Diazepam-GA GM
							^a Ranzepam RA
							^a Valpam 5 QA
				^B 0.85	8.70	8.94	^a Valium RO

OXAZEPAM

Note

Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of oxazepam below.

3132W NP	Tablet 15 mg	25	..	..	7.65	8.74	^a Alepam 15 AF
				^B 2.69	10.34	8.74	^a Serepax QA
3133X NP	Tablet 30 mg	25	..	..	7.65	8.74	^a Alepam 30 AF
							^a APO-Oxazepam TX
							^a Murelax FM
				^B 2.69	10.34	8.74	^a Serepax QA

OXAZEPAM

Authority required

Malignant neoplasia (late stage);

For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;

For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

3134Y NP	Tablet 15 mg	50	5	..	*8.88	9.97	^a Alepam 15 AF
				^B 5.38	*14.26	9.97	^a Serepax QA
3135B NP	Tablet 30 mg	50	5	..	*8.88	9.97	^a Alepam 30 AF
							^a APO-Oxazepam TX
							^a Murelax FM
				^B 5.38	*14.26	9.97	^a Serepax QA

Other anxiolytics

CLOMIPRAMINE HYDROCHLORIDE

Restricted benefit

Cataplexy associated with narcolepsy;

Obsessive-compulsive disorder;

Phobic disorders in adults.

Nervous system

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
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1561E NP	Tablet 25 mg	50	2	..	15.09	16.18	^a	Chem mart Clomipramine CH
							^a	GenRx Clomipramine GX
							^a	Placil AF
							^a	Terry White Chemists TW
				^B 3.06	18.15	16.18	^a	Anafranil 25 NV

Hypnotics and sedatives *Benzodiazepine derivatives*

NITRAZEPAM

Note

Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam below.

2723H NP	Tablet 5 mg	25	..	..	7.82	8.91	^a	Alodorm AF
				^B 1.45	9.27	8.91	^a	Mogadon VT

NITRAZEPAM

Authority required

Myoclonic epilepsy;

Malignant neoplasia (late stage);

For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;

For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2732T NP	Tablet 5 mg	50	5	..	*9.22	10.31	^a	Alodorm AF
				^B 2.90	*12.12	10.31	^a	Mogadon VT

TEMAZEPAM

Note

Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of temazepam below.

2089Y NP	Tablet 10 mg	25	..	..	7.46	8.55	^a	APO-Temazepam TX
							^a	Temaze AF
							^a	Temtabs FM
				^B 1.21	8.67	8.55	^a	Normison QA

TEMAZEPAM

Authority required

Malignant neoplasia (late stage);

Nervous system

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
For use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal;							
For use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past 6 months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.							
Note							
Continuing Therapy Only:							
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
2088X NP	Tablet 10 mg	50	5	..	*8.50	9.59 ^a	APO-Temazepam TX
							^a Temaze AF
							^a Temtabs FM
				^B 2.42	*10.92	9.59 ^a	Normison QA

Psychoanaleptics

Antidepressants

Non-selective monoamine reuptake inhibitors

AMITRIPTYLINE HYDROCHLORIDE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2417F NP	Tablet 10 mg	50	2	..	8.44	9.53	Endep 10	AF
2418G NP	Tablet 25 mg	50	2	..	8.56	9.65	Endep 25	AF
2429W NP	Tablet 50 mg	50	2	..	8.89	9.98	Endep 50	AF

CLOMIPRAMINE HYDROCHLORIDE

Restricted benefit

Cataplexy associated with narcolepsy;

Obsessive-compulsive disorder;

Phobic disorders in adults.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1561E NP	Tablet 25 mg	50	2	..	15.09	16.18 ^a	Chem mart Clomipramine	CH
							^a GenRx	GX
							^a Clomipramine	
							^a Placil	AF
							^a Terry White Chemists	TW
				^B 3.06	18.15	16.18 ^a	Clomipramine Anafranil 25	NV

DOTHIEPIN HYDROCHLORIDE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1357K NP	Capsule 25 mg	50	2	..	9.38	10.47	Dothep 25	AF
1358L NP	Tablet 75 mg	30	2	..	9.38	10.47	Dothep 75	AF

Nervous system

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	
DOXEPIN HYDROCHLORIDE								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
1011F NP	Capsule 10 mg (base)	50	2	..	8.97	10.06	Deptran 10	AF
				^B 1.87	10.84	10.06	Sinequan	PF
1012G NP	Tablet 50 mg (base)	50	2	..	9.71	10.80	Deptran 50	AF
1013H NP	Capsule 25 mg (base)	50	2	..	9.40	10.49	Deptran 25	AF
				^B 1.57	10.97	10.49	Sinequan	PF
IMIPRAMINE HYDROCHLORIDE								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2420J NP	Tablet 10 mg	50	2	..	8.54	9.63 ^a	Toleraide 10	PQ
				^B 2.79	11.33	9.63 ^a	Tofranil 10	LM
2421K NP	Tablet 25 mg	50	2	..	12.43	13.52 ^a	Toleraide 25	PQ
				^B 2.79	15.22	13.52 ^a	Tofranil 25	LM
NORTRIPTYLINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
Major depression where other antidepressant therapy has failed;								
Major depression where other antidepressant therapy is contraindicated.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2522R NP	Tablet 10 mg (base)	50	2	..	13.32	14.41	Allegron	AS
2523T NP	Tablet 25 mg (base)	50	2	..	15.10	16.19	Allegron	AS
Selective serotonin reuptake inhibitors								
CITALOPRAM HYDROBROMIDE								
<u>Restricted benefit</u>								
Major depressive disorders.								
8220P NP	Tablet 20 mg (base)	28	5	..	13.46	14.55 ^a	APO-Citalopram	TX
						^a	Auro-Citalopram 20	DO
						^a	Celapram	AF
						^a	Celica	RA
						^a	Chem mart	CH
						^a	Citalopram	
						^a	Ciazil	GM
						^a	Citalobell	BF
						^a	Citalopram 20	CR
						^a	Citalopram-GA	GN
						^a	Citalopram	GQ
						^a	generichealth	
						^a	Citalopram Pfizer	FZ
						^a	Citalopram Sandoz	SZ

Nervous system

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 GenRx Citalopram GX
							^a Pharmacor Citalo 20 MI
							^a Talam QA
							^a Terry White Chemists Citalopram TW
				^B 2.00	15.46	14.55	^a Cipramil LU
8702B NP	Tablet 10 mg (base)	28	5	..	11.05	12.14	Celapram AF
8703C NP	Tablet 40 mg (base)	28	5	..	18.32	19.41	^a APO-Citalopram TX
							^a Auro-Citalopram 40 DO
							^a Celapram AF
							^a Citalopram Pfizer FZ
							^a Citalopram Sandoz SZ
							^a GenRx Citalopram GX
	ESCITALOPRAM						
	<u>Restricted benefit</u>						
	Major depressive disorders.						
8700X NP	Tablet 10 mg (as oxalate)	28	5	..	21.04	22.13	^a APO-Escitalopram TX
							^a Chem mart Escitalopram CH
							^a Escicor 10 MI
							^a Escitalopram-DRLA RZ
							^a Escitalopram GA GN
							^a Escitalopram generichealth GQ
							^a Esipram GM
							^a Esitalo SZ
							^a Lexam 10 QA
							^a LoxaLate AF
							^a Pharmacor Escitalopram 10 CR
							^a Terry White Chemists Escitalopram TW
				^B 4.70	25.74	22.13	^a Lexapro LU
8701Y NP	Tablet 20 mg (as oxalate)	28	5	..	21.13	22.22	^a APO-Escitalopram TX
							^a Chem mart Escitalopram CH
							^a Escicor 20 MI
							^a Escitalopram-DRLA RZ
							^a Escitalopram GA GN
							^a Escitalopram generichealth GQ
							^a Esipram GM
							^a Esitalo SZ
							^a Lexam 20 QA
							^a LoxaLate AF
							^a Pharmacor Escitalopram 20 CR
							^a Terry White Chemists Escitalopram TW
				^B 6.85	27.98	22.22	^a Lexapro LU

Nervous system

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	
ESCITALOPRAM								
<u>Restricted benefit</u>								
Moderate to severe generalised anxiety disorder (GAD), as defined by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and:								
(a) for whom a GP Mental Health Care Plan, as described under item 2710 of the Medicare Benefits Schedule, has been prepared; or								
(b) who has been assessed by a psychiatrist;								
Continuing PBS-subsidised treatment, for moderate to severe generalised anxiety disorder (GAD), of a patient commenced on escitalopram prior to 1 March 2008.								
<u>Restricted benefit</u>								
Moderate to severe social anxiety disorder (social phobia, SAD), as described by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and:								
(a) for whom a GP Mental Health Care Plan, as described under item 2710 of the Medicare Benefits Schedule, has been prepared; or								
(b) who has been assessed by a psychiatrist;								
Continuing PBS-subsidised treatment, for moderate to severe social anxiety disorder (social phobia, SAD), of a patient commenced on escitalopram prior to 1 March 2008.								
9432K NP	Tablet 10 mg (as oxalate)	28	5	..	21.04	22.13 ^a	Esipram	GM
				^B 4.70	25.74	22.13 ^a	Lexapro	LU
9433L NP	Tablet 20 mg (as oxalate)	28	5	..	21.13	22.22 ^a	Esipram	GM
				^B 6.85	27.98	22.22 ^a	Lexapro	LU
ESCITALOPRAM								
<u>Restricted benefit</u>								
Major depressive disorders.								
<u>Restricted benefit</u>								
Moderate to severe generalised anxiety disorder (GAD), as defined by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and:								
(a) for whom a GP Mental Health Care Plan, as described under item 2710 of the Medicare Benefits Schedule, has been prepared; or								
(b) who has been assessed by a psychiatrist;								
Continuing PBS-subsidised treatment, for moderate to severe generalised anxiety disorder (GAD), of a patient commenced on escitalopram prior to 1 November 2008.								
<u>Restricted benefit</u>								
Moderate to severe social anxiety disorder (social phobia, SAD), as described by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria, in a patient who has not responded to non-pharmacological therapy and:								
(a) for whom a GP Mental Health Care Plan, as described under item 2710 of the Medicare Benefits Schedule, has been prepared; or								
(b) who has been assessed by a psychiatrist;								
Continuing PBS-subsidised treatment, for moderate to severe social anxiety disorder (social phobia, SAD), of a patient commenced on escitalopram prior to 1 November 2008.								
8849R NP	Oral solution 10 mg (as oxalate) per mL, 28 mL	1	5	..	34.30	35.39	Lexapro	LU
FLUOXETINE								
<u>Restricted benefit</u>								
Major depressive disorders;								
Obsessive-compulsive disorder.								
1434L NP	Capsule 20 mg (as hydrochloride)	28	5	..	17.54	18.63 ^a	Auscap	QA
						^a	Chem mart	CH
						^a	Fluoxetine	CR
						^a	Fluoxetine 20	CR
						^a	Fluoxetine-GA	GM
						^a	Fluoxetine	GQ
						^a	generichealth	GQ
						^a	Fluoxetine-PS	FZ

Nervous system

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							
8270G <i>NP</i>	Tablet, dispersible, 20 mg (as hydrochloride)	28	5	B3.53 ..	21.07 17.54	18.63 18.63	^a Fluoxetine RBX RA							
							^a Fluoxetine Sandoz SZ							
							^a GenRx Fluoxetine GX							
							^a Lovan AL							
							^a Terry White Chemists TW							
							^a Fluoxetine Zactin AF							
							^a Prozac 20 LY							
							^a Lovan 20 Tab AL							
							^a Prozac Tab LY							
							^a Zactin Tablet AF							
FLUVOXAMINE <u>Restricted benefit</u> Major depressive disorders; Obsessive-compulsive disorder.														
8174F <i>NP</i>	Tablet containing fluvoxamine maleate 100 mg	30	5	..	22.84	23.93	^a APO-Fluvoxamine TX							
							^a Faverin 100 QA							
							^a Fluvoxamine GA GM							
							^a Movox 100 AF							
							^a Voxam SZ							
8512B <i>NP</i>	Tablet containing fluvoxamine maleate 50 mg	30	5	B2.30 ..	25.14 17.25	23.93 18.34	^a Luvox AB							
							^a APO-Fluvoxamine TX							
							^a Faverin 50 QA							
							^a Fluvoxamine GA GM							
							^a Movox 50 AL							
							^a Voxam SZ							
							^a Luvox AB							
							PAROXETINE <u>Restricted benefit</u> Major depressive disorders; Obsessive-compulsive disorder; Panic disorder.							
							<u>Note</u> Pharmaceutical benefits that have the form paroxetine tablet 20 mg (as hydrochloride) and pharmaceutical benefits that have the form paroxetine tablet 20 mg (as mesilate) are equivalent for the purposes of substitution.							
2242B <i>NP</i>	Tablet 20 mg (as hydrochloride)	30	5	..	17.10	18.19	^a Chem mart CH							
							^a Paroxetine Extine 20 QA							
							^a GenRx Paroxetine GX							
							^a Paroxetine 20 CR							
							^a Paroxetine-GA GN							
							^a Paroxetine Sandoz SZ							
							^a Paxtine AF							
							^a Terry White Chemists TW							
9197C <i>NP</i>	Tablet 20 mg (as mesilate)	30	5	B0.80 ..	17.90 17.10	18.19 18.19	^a Paroxetine GK							
							^a Paroxetine generichealth GQ							

Nervous system

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 Pharmacor Paroxo 20 MI
	SERTRALINE <u>Restricted benefit</u> Major depressive disorders.						
2236Q <i>NP</i>	Tablet 50 mg (as hydrochloride)	30	5	..	15.91	17.00	^a Auro-Sertraline 50 DO
							^a Chem mart Sertraline CH
							^a Eleva 50 AF
							^a GenRx Sertraline GX
							^a Sertra 50 QA
							^a Sertracor 50 MI
							^a Sertraline 50 CR
							^a Sertraline-DRLA RZ
							^a Sertraline-GA GM
							^a Sertraline generichealth GQ
							^a Sertraline Pfizer FZ
							^a Sertraline Sandoz SZ
							^a Sertraline Winthrop WA
							^a Setrona RA
							^a Terry White Chemists Sertraline TW
							^a Xydep 50 GN
				^B 0.77	16.68	17.00	^a Zoloft PF
2237R <i>NP</i>	Tablet 100 mg (as hydrochloride)	30	5	..	15.91	17.00	^a Auro-Sertraline 100 DO
							^a Chem mart Sertraline CH
							^a Eleva 100 AF
							^a GenRx Sertraline GX
							^a Sertra 100 QA
							^a Sertracor 100 MI
							^a Sertraline 100 CR
							^a Sertraline-DRLA RZ
							^a Sertraline-GA GM
							^a Sertraline generichealth GQ
							^a Sertraline Pfizer FZ
							^a Sertraline Sandoz SZ
							^a Setrona RA
							^a Terry White Chemists Sertraline TW
							^a Xydep 100 GN
				^B 0.77	16.68	17.00	^a Zoloft PF

SERTRALINE

Restricted benefit

Obsessive-compulsive disorder;

Panic disorder where other treatments have failed or are inappropriate.

Nervous system

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	
8836C NP	Tablet 50 mg (as hydrochloride)	30	5	..	15.91	17.00	^a Auro-Sertraline 50	DO
							^a Eleva 50	AF
							^a Sertraline Pfizer	FZ
							^a Xydep 50	GN
				^B 0.77	16.68	17.00	^a Zoloft	PF
8837D NP	Tablet 100 mg (as hydrochloride)	30	5	..	15.91	17.00	^a Auro-Sertraline 100	DO
							^a Eleva 100	AF
							^a Sertraline Pfizer	FZ
							^a Xydep 100	GN
				^B 0.77	16.68	17.00	^a Zoloft	PF

Monoamine oxidase inhibitors, non-selective

PHENELZINE SULFATE

Caution

This drug is an irreversible monoamine oxidase inhibitor.

Restricted benefit

Depression where all other anti-depressant therapy has failed or is inappropriate.

2856H	Tablet 15 mg (base)	100	1	..	100.10	35.40	Nardil	LM
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TRANLYCYPROMINE SULFATE

Caution

This drug is an irreversible monoamine oxidase inhibitor.

2444P	Tablet 10 mg (base)	50	2	..	33.55	34.64	Parnate	GH
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Monoamine oxidase type A inhibitors

MOCLOBEMIDE

Restricted benefit

Major depressive disorders.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1900B NP	Tablet 150 mg	60	5	..	15.90	16.99	^a Amira 150	AF
							^a Chem mart	CH
							^a Moclobemide	CH
							^a Clobemix	GM
							^a GenRx	GX
							^a Moclobemide	GX
							^a Moclobemide	SZ
							^a Sandoz	SZ
							^a Mohexal	HX
							^a Terry White	TW
							^a Chemists	TW
							^a Moclobemide	TW
				^B 0.55	16.45	16.99	^a Aurorix	VP
8003F NP	Tablet 300 mg	60	5	..	24.67	25.76	^a Amira 300	AF
							^a Chem mart	CH
							^a Moclobemide	CH
							^a Clobemix	GM
							^a GenRx	GX
							^a Moclobemide	GX
							^a Moclobemide	SZ
							^a Sandoz	SZ
							^a Terry White	TW

Nervous system

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	
				^B 1.10	25.77	25.76	^a Chemists Moclobemide Aurorix 300 mg	VP

Other antidepressants

DESVENLAFAXINE SUCCINATE

Restricted benefit

Major depressive disorders.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9366Y NP	Tablet 50 mg (base) (extended release)	28	5	..	43.31	35.40	Pristiq	PF
9367B NP	Tablet 100 mg (base) (extended release)	28	5	..	50.42	35.40	Pristiq	PF

DULOXETINE HYDROCHLORIDE

Restricted benefit

Major depressive disorders.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9155W NP	Capsule 30 mg (base)	28	..	..	38.22	35.40	Cymbalta	LY
9156X NP	Capsule 60 mg (base)	28	5	..	50.42	35.40	Cymbalta	LY

LITHIUM CARBONATE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

3059B NP	Tablet 250 mg	200	2	..	16.89	17.98	Lithicarb	AS
8290H NP	Tablet 450 mg (slow release)	200	2	..	*34.30	35.39	Quilonum SR	GK

MIANSERIN HYDROCHLORIDE

Caution

Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.

Restricted benefit

Severe depression.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1627P NP	Tablet 10 mg	50	5	..	15.38	16.47	^a Lumin 10	AF
				^B 3.30	18.68	16.47	^a Tolvon	MK
1628Q NP	Tablet 20 mg	50	5	..	25.34	26.43	^a Lumin 20	AF
				^B 3.30	28.64	26.43	^a Tolvon	MK

MIRTAZAPINE

Restricted benefit

Major depressive disorders.

Nervous system

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
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8513C NP	Tablet 30 mg	30	5	..	21.21	22.30	^a Axit 30 AF
							^a Chem mart CH
							^a Mirtazapine GX
							^a GenRx Mirtazapine GM
							^a Mirtazapine-DP SZ
							^a Mirtazapine Sandoz QA
							^a Mirtazon TW
							^a Terry White Chemists Mirtazapine MK
				^B 2.60	23.81	22.30	^a Avanza MK
8855C NP	Tablet 15 mg (orally disintegrating)	30	5	..	23.42	24.51	Avanza SolTab MK
8856D NP	Tablet 30 mg (orally disintegrating)	30	5	..	29.10	30.19	Avanza SolTab MK
8857E NP	Tablet 45 mg (orally disintegrating)	30	5	..	40.60	35.40	Avanza SolTab MK
8883M NP	Tablet 45 mg	30	5	..	31.09	32.18	^a APO-Mirtazapine TX
							^a Axit 45 AF
							^a Chem mart CH
							^a Mirtazapine SZ
							^a Mirtazapine Sandoz QA
							^a Mirtazon TW
							^a Terry White Chemists Mirtazapine MK
				^B 2.84	33.93	32.18	^a Avanza MK
9365X NP	Tablet 15 mg	30	5	..	16.28	17.37	Axit 15 AF

REBOXETINE MESILATE

Restricted benefit

Major depressive disorders.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8583R NP	Tablet 4 mg (base)	60	5	..	38.76	35.40	Edronax PF
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VENLAFAXINE HYDROCHLORIDE

Restricted benefit

Major depressive disorders.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8301X NP	Capsule 75 mg (base) (modified release)	28	5	..	37.71	35.40	^a APO-Venlafaxine XR TX
							^a Chem mart CH
							^a Venlafaxine XR PF
							^a Efexor-XR ZP
							^a Elaxine SR 75

Nervous system

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
8302Y NP	Capsule 150 mg (base) (modified release)	28	5	..	44.10	35.40	^a Enlafax-XR AF
							^a Terry White Chemists Venlafaxine XR TW
							^a Venlafaxine generichealth XR GQ
							^a Venlafaxine Sandoz XR SZ
							^a Venla RBX RA
							^a Venlexor XR GM
							^a APO-Venlafaxine XR TX
							^a Chem mart Venlafaxine XR CH
							^a Efexor-XR PF
							^a Elaxine SR 150 ZP
							^a Enlafax-XR AF
							^a Terry White Chemists Venlafaxine XR TW
							^a Venlafaxine generichealth XR GQ
							^a Venlafaxine Sandoz XR SZ
							^a Venla RBX RA
							^a Venlexor XR GM
8868R NP	Capsule 37.5 mg (base) (modified release)	28	..	..	24.15	25.24	^a Efexor-XR PF
							^a Elaxine SR 37.5 ZP
							^a Venla RBX RA

Psychostimulants, agents used for ADHD and nootropics

Centrally acting sympathomimetics

ATOMOXETINE HYDROCHLORIDE

Authority required

Initial sole PBS-subsidised treatment of attention-deficit hyperactivity disorder (ADHD) diagnosed between the ages of 6 and 18 years inclusive, by a paediatrician or psychiatrist according to the DSM-IV criteria, where:

(a) treatment with dexamphetamine sulfate or methylphenidate hydrochloride poses an unacceptable medical risk due to the following contraindications as specified in the TGA-approved product information:

- (1) The patient has a history of substance abuse or misuse (other than alcohol); and/or
- (2) The patient has comorbid motor tics or Tourette's Syndrome; and/or
- (3) The patient has comorbid severe anxiety diagnosed according to the DSM-IV; or

(b) treatment with dexamphetamine sulfate or methylphenidate hydrochloride has resulted in the development or worsening of a comorbid mood disorder (diagnosed according to the DSM-IV criteria i.e. anxiety disorder, obsessive compulsive disorder, depressive disorder) of a severity necessitating permanent stimulant treatment withdrawal; or where the combination of stimulant treatment with another agent would pose an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal; or

(c) treatment with dexamphetamine sulfate AND methylphenidate hydrochloride has resulted in the development of adverse reactions of a severity necessitating permanent treatment withdrawal:

- (1) Adverse effects on growth and weight; and/or
- (2) Adverse effects on sleep including insomnia; and/or
- (3) Adverse effects on appetite including anorexia.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Authority required

Continuing sole PBS-subsidised treatment where the patient has previously been issued with an authority prescription for this drug.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9092M	Capsule 10 mg (base)	56	5	..	*221.18	35.40	Strattera	LY
9093N	Capsule 18 mg (base)	56	5	..	*221.18	35.40	Strattera	LY
9094P	Capsule 25 mg (base)	56	5	..	*221.18	35.40	Strattera	LY

Nervous system

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	
9095Q	Capsule 40 mg (base)	56	5	..	*221.18	35.40	Strattera	LY
9096R	Capsule 60 mg (base)	56	5	..	*221.18	35.40	Strattera	LY
9289X	Capsule 80 mg (base)	28	5	..	147.11	35.40	Strattera	LY
9290Y	Capsule 100 mg (base)	28	5	..	147.11	35.40	Strattera	LY

DEXAMPHETAMINE SULFATE

Note

Care must be taken to comply with the provisions of State/Territory law when prescribing dexamphetamine.

Authority required

Use in attention deficit hyperactivity disorder, in accordance with State/Territory law;

Narcolepsy.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1165H NP	Tablet 5 mg	100	5	..	18.19	19.28	Aspen Pharma Pty Ltd	QA
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METHYLPHENIDATE HYDROCHLORIDE

Note

Care must be taken to comply with the provisions of State/Territory law when prescribing methylphenidate hydrochloride.

Authority required

Use in attention deficit hyperactivity disorder, in accordance with State/Territory law.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8839F NP	Tablet 10 mg	100	5	..	16.89	17.98	Ritalin 10	NV
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METHYLPHENIDATE HYDROCHLORIDE

Note

Care must be taken to comply with the provisions of State/Territory law when prescribing methylphenidate hydrochloride.

Authority required

Treatment of attention deficit hyperactivity disorder (ADHD) in a patient diagnosed between the ages of 6 and 18 years inclusive, who has demonstrated a response to immediate release methylphenidate hydrochloride with no emergence of serious adverse events, and who requires continuous coverage over 12 hours.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2172H NP	Tablet 27 mg (extended release)	30	5	..	55.46	35.40	Concerta	JC
2387P NP	Tablet 18 mg (extended release)	30	5	..	51.32	35.40	Concerta	JC
2388Q NP	Tablet 36 mg (extended release)	30	5	..	59.70	35.40	Concerta	JC
2432B NP	Tablet 54 mg (extended release)	30	5	..	69.76	35.40	Concerta	JC

METHYLPHENIDATE HYDROCHLORIDE

Note

Care must be taken to comply with the provisions of State/Territory law when prescribing methylphenidate hydrochloride.

Nervous system

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	
<u>Authority required</u>								
Treatment of attention deficit hyperactivity disorder (ADHD) in a patient diagnosed between the ages of 6 and 18 years inclusive, who has demonstrated a response to immediate release methylphenidate hydrochloride with no emergence of serious adverse events, and who requires continuous coverage over 8 hours.								
<u>Note</u>								
Continuing Therapy Only:								
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.								
2276T NP	Capsule 20 mg (modified release)	30	5	..	44.57	35.40	Ritalin LA	NV
2280B NP	Capsule 30 mg (modified release)	30	5	..	52.03	35.40	Ritalin LA	NV
2283E NP	Capsule 40 mg (modified release)	30	5	..	54.56	35.40	Ritalin LA	NV
3440C NP	Capsule 10 mg (modified release)	30	5	..	34.04	35.13	Ritalin LA	NV

MODAFINIL

Note

Modafinil is not PBS-subsidised when used in combination with PBS-subsidised dexamphetamine sulfate.

Note

Any queries concerning the arrangements to prescribe modafinil 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 modafinil 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.

Authority required

Initial treatment, by a qualified sleep medicine practitioner or neurologist, of patients with narcolepsy where:

- (i) therapy with dexamphetamine sulfate poses an unacceptable medical risk; or
- (ii) intolerance to dexamphetamine sulfate of a severity necessitating treatment withdrawal develops.

The presence of any 1 of the following indicates treatment with dexamphetamine sulfate poses an unacceptable medical risk:

- (a) a psychiatric disorder;
- (b) a cardiovascular disorder;
- (c) a history of substance abuse;
- (d) glaucoma;
- (e) any other absolute contraindication to dexamphetamine sulfate as specified in the TGA-approved Product Information.

Patients must meet the following definition of narcolepsy:

Excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months and:

- (i) a definite history of cataplexy;

or

a mean sleep latency less than or equal to 10 minutes on a Multiple Sleep Latency Test (MSLT). The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours in duration;

or

an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep; and

- (ii) absence of any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The authority application must be made in writing and must include the following:

- (a) a completed authority prescription form; and
- (b) a completed Modafinil (Modavigil) PBS Authority Application for Use in the Treatment of Narcolepsy - Supporting Information Form [www.medicareaustralia.gov.au]; and
- (c) details of the contraindication or intolerance to dexamphetamine sulfate; and
- (d) either:
 - (i) the result and date of the polysomnography test and MSLT conducted by, or under the supervision of, a qualified sleep medicine practitioner; or
 - (ii) the result and date of the EEG, conducted by, or under the supervision of, a neurologist.

The polysomnography, MSLT or EEG test reports must be provided with the authority application.

Nervous system

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
					\$	\$	
<u>Authority required</u>							
Continuing treatment of narcolepsy, where the patient has previously been issued with an authority prescription for this drug.							
8816B	Tablet 100 mg	120	5	..	*346.98	35.40	Modavigil CS

Anti-dementia drugs

Anticholinesterases

DONEPEZIL HYDROCHLORIDE

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 10 or more. Initial treatment, as the sole PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE). This baseline (S)MMSE must be a score of 10 or more. If this score is 25 - 30 points, the result of a baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

If an ADAS-Cog score is not supplied with the initial application, this scale cannot be used for the purpose of fulfilling the criteria for continued PBS supply.

This application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised;

CONTINUING TREATMENT — (S)MMSE or ADAS-Cog improvement.

Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by:

- (a) for patients with a baseline (S)MMSE score of 10 or more and less than 25, an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE);
- (b) for patients with a baseline (S)MMSE score of at least 25 points, a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) or an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE).

The initial authority application for continuing treatment must include the relevant result from the (S)MMSE or the ADAS-Cog and must be in writing.

Subsequent applications for continuing treatment can be made by telephone.

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 9 or less who require a clinician's assessment.

Initial treatment, as the sole PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

This application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Patients who qualify under this criterion are from 1 or more of the following groups:

- (1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;
- (2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;
- (3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;
- (4) Intellectual (developmental or acquired) disability, eg Down's syndrome;
- (5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;
- (6) Prominent dysphasia, out of proportion to other cognitive and functional impairment;

CONTINUING TREATMENT — Clinician assessed improvement.

Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the Clinicians Interview Based Impression of Change (CIBIC) scale, which must be assessed by the same clinician who initiated treatment.

Nervous system

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
					\$	\$	

The initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing.

Subsequent applications for continuing treatment can be made by telephone.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8495D NP	Tablet 5 mg	28	5	..	155.45	35.40	Aricept	PF
8496E NP	Tablet 10 mg	28	5	..	155.45	35.40	Aricept	PF

GALANTAMINE HYDROBROMIDE

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 10 or more.

Initial treatment, as the sole PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE). This baseline (S)MMSE must be a score of 10 or more. If this score is 25 - 30 points, the result of a baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

If an ADAS-Cog score is not supplied with the initial application, this scale cannot be used for the purpose of fulfilling the criteria for continued PBS supply.

This application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

CONTINUING TREATMENT — (S)MMSE or ADAS-Cog improvement.

Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by:

- (a) for patients with a baseline (S)MMSE score of 10 or more and less than 25, an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE);
- (b) for patients with a baseline (S)MMSE score of at least 25 points, a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) or an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE).

The initial authority application for continuing treatment must include the relevant result from the (S)MMSE or the ADAS-Cog and must be in writing.

Subsequent applications for continuing treatment can be made by telephone.

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 9 or less who require a clinician's assessment.

Initial treatment, as the sole PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

This application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Patients who qualify under this criterion are from 1 or more of the following groups:

- (1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;
- (2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;
- (3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;
- (4) Intellectual (developmental or acquired) disability, eg Down's syndrome;
- (5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;
- (6) Prominent dysphasia, out of proportion to other cognitive and functional impairment;

Nervous system

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
CONTINUING TREATMENT — Clinician assessed improvement. Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the Clinicians Interview Based Impression of Change (CIBIC) scale, which must be assessed by the same clinician who initiated treatment.							
The initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing.							
Subsequent applications for continuing treatment can be made by telephone.							
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8770N NP	Capsule 8 mg (base) (prolonged release)	28	5	..	94.37	35.40 ^a	Galantyl AF
						^a Reminyl	JC
8771P NP	Capsule 16 mg (base) (prolonged release)	28	5	..	114.01	35.40 ^a	Galantyl AF
						^a Reminyl	JC
8772Q NP	Capsule 24 mg (base) (prolonged release)	28	5	..	134.64	35.40 ^a	Galantyl AF
						^a Reminyl	JC

RIVASTIGMINE

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 10 or more.
Initial treatment, as the sole PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE). This baseline (S)MMSE must be a score of 10 or more. If this score is 25 - 30 points, the result of a baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

If an ADAS-Cog score is not supplied with the initial application, this scale cannot be used for the purpose of fulfilling the criteria for continued PBS supply.

This application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

CONTINUING TREATMENT — (S)MMSE or ADAS-Cog improvement.

Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by:

- (a) for patients with a baseline (S)MMSE score of 10 or more and less than 25, an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE);
- (b) for patients with a baseline (S)MMSE score of at least 25 points, a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) or an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE).

The initial authority application for continuing treatment must include the relevant result from the (S)MMSE or the ADAS-Cog and must be in writing.

Subsequent applications for continuing treatment can be made by telephone.

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 9 or less who require a clinician's assessment.

Initial treatment, as the sole PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

This application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a

Nervous system

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

written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Patients who qualify under this criterion are from 1 or more of the following groups:

- (1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;
- (2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;
- (3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;
- (4) Intellectual (developmental or acquired) disability, eg Down's syndrome;
- (5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;
- (6) Prominent dysphasia, out of proportion to other cognitive and functional impairment;

CONTINUING TREATMENT — Clinician assessed improvement.

Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the Clinicians Interview Based Impression of Change (CIBIC) scale, which must be assessed by the same clinician who initiated treatment.

The initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing.

Subsequent applications for continuing treatment can be made by telephone.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9161E NP	Transdermal patch 9 mg (releasing approximately 4.6 mg per 24 hours)	30	5	..	166.09	35.40	Exelon Patch 5	NV
9162F NP	Transdermal patch 18 mg (releasing approximately 9.5 mg per 24 hours)	30	5	..	166.09	35.40	Exelon Patch 10	NV

RIVASTIGMINE HYDROGEN TARTRATE

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 10 or more.

Initial treatment, as the sole PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE). This baseline (S)MMSE must be a score of 10 or more. If this score is 25 - 30 points, the result of a baseline Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

If an ADAS-Cog score is not supplied with the initial application, this scale cannot be used for the purpose of fulfilling the criteria for continued PBS supply.

This application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised;

CONTINUING TREATMENT — (S)MMSE or ADAS-Cog improvement.

Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by:

- (a) for patients with a baseline (S)MMSE score of 10 or more and less than 25, an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE);
- (b) for patients with a baseline (S)MMSE score of at least 25 points, a decrease of at least 4 points from baseline on the Alzheimer's Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) or an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE).

The initial authority application for continuing treatment must include the relevant result from the (S)MMSE or the ADAS-Cog and must be in writing.

Subsequent applications for continuing treatment can be made by telephone.

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MILD TO MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 9 or less who require a clinician's assessment.

Initial treatment, as the sole PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, who are unable to register a score of 10 or more for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

Nervous system

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
Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.							
This application must be made in writing, but initial supply may be sought by telephone. For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.							
Patients who qualify under this criterion are from 1 or more of the following groups: (1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background; (2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate; (3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test; (4) Intellectual (developmental or acquired) disability, eg Down's syndrome; (5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test; (6) Prominent dysphasia, out of proportion to other cognitive and functional impairment;							
CONTINUING TREATMENT — Clinician assessed improvement. Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of mild to moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the Clinicians Interview Based Impression of Change (CIBIC) scale, which must be assessed by the same clinician who initiated treatment.							
The initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing.							
Subsequent applications for continuing treatment can be made by telephone.							
Note Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
8497F NP	Capsule 1.5 mg (base)	56	5	..	155.45	35.40	Exelon NV
8498G NP	Capsule 3 mg (base)	56	5	..	155.45	35.40	Exelon NV
8499H NP	Capsule 4.5 mg (base)	56	5	..	155.45	35.40	Exelon NV
8500J NP	Capsule 6 mg (base)	56	5	..	155.45	35.40	Exelon NV
8563Q NP	Oral solution 2 mg (base) per mL, 120 mL	1	5	..	155.45	35.40	Exelon NV

Other anti-dementia drugs

MEMANTINE HYDROCHLORIDE

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 10 to 14.

Initial treatment, as the sole PBS-subsidised therapy, of moderately severe Alzheimer's disease. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

The authority application must include the result of the baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE). This baseline (S)MMSE must be a score of 10 to 14.

This application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment.
For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised;

CONTINUING TREATMENT — (S)MMSE improvement.

Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of moderately severe Alzheimer's disease in patients with demonstrated improvement in cognitive function as measured by an increase of at least 2 points from baseline on the Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE).

The initial authority application for continuing treatment must include the relevant result from the (S)MMSE and must be in writing.

Subsequent applications for continuing treatment can be made by telephone.

Authority required

INITIAL APPLICATION FOR THE TREATMENT OF MODERATELY SEVERE ALZHEIMER'S DISEASE — Patients with an (S)MMSE of 9 or less who require a clinician's assessment.

Nervous system

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
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Initial treatment, as the sole PBS-subsidised therapy, of moderately severe Alzheimer's disease of patients with a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, who are unable to register a score of 10 to 14 for reasons other than their Alzheimer's disease, as specified below. Confirmation of this diagnosis must be made by or in consultation with a specialist/consultant physician (including a psychiatrist).

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

This application must be made in writing, but initial supply may be sought by telephone.

For telephone applications, up to a maximum of 2 months' initial therapy will be authorised. This telephone application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment. For written applications where no prior telephone approval has been issued, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Patients who qualify under this criterion are from 1 or more of the following groups:

- (1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;
- (2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;
- (3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;
- (4) Intellectual (developmental or acquired) disability, eg Down's syndrome;
- (5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;
- (6) Prominent dysphasia, out of proportion to other cognitive and functional impairment;

CONTINUING TREATMENT — Clinician assessed improvement.

Continuing treatment, as the sole PBS-subsidised therapy, following initial PBS-subsidised therapy, of moderately severe Alzheimer's disease in patients with demonstrated improvement in function, based on a rating of "very much improved" or "much improved" on the Clinicians Interview Based Impression of Change (CIBIC) scale, which must be assessed by the same clinician who initiated treatment.

The initial authority application for continuing treatment must state the improvement achieved on the CIBIC scale and must be in writing.

Subsequent applications for continuing treatment can be made by telephone.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1956Y NP	Tablet 10 mg	56	5	..	106.95	35.40	^a APO-Memantine	TX
							^a Ebixa	LU
							^a Memanxa	QA
9306T NP	Tablet 20 mg	28	5	..	106.95	35.40	Ebixa	LU

Other nervous system drugs

Parasympathomimetics

Anticholinesterases

	PYRIDOSTIGMINE BROMIDE							
1959D	Tablet 60 mg	150	5	..	71.32	35.40	Mestinon	VT
2608G	Tablet 180 mg (modified release)	100	5	..	*149.22	35.40	Mestinon	VT
2724J	Tablet 10 mg	100	5	..	*23.00	24.09	Timespan Mestinon	VT

Choline esters

	BETHANECHOL CHLORIDE							
1062X NP	Tablet 10 mg	100	2	..	21.03	22.12	Uro-Carb	YN

Drugs used in addictive disorders

Drugs used in nicotine dependence

BUPROPION HYDROCHLORIDE

Note

Only one course of PBS-subsidised bupropion hydrochloride will be authorised per 12 months. The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months. A course of treatment with bupropion hydrochloride is 9 weeks. No

Nervous system

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	
	increased maximum quantities or repeats will be authorised. Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.							
	<u>Authority required</u>							
	Commencement of short-term, sole PBS-subsidised, therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and:							
	(a) who has entered a comprehensive support and counselling program; or							
	(b) who is entering a comprehensive support and counselling program during the consultation at which this authority is requested.							
	Details of the program must be specified in the authority application.							
8465M	Tablet 150 mg (sustained release)	30	73.09	35.40 ^a	Prexaton	GM
NP				^B 0.80	73.89	35.40 ^a	Zyban	GK

BUPROPION HYDROCHLORIDE

Note

Only one course of PBS-subsidised bupropion hydrochloride will be authorised per 12 months. The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months. A course of treatment with bupropion hydrochloride is 9 weeks. No increased maximum quantities or repeats will be authorised. Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.

Authority required

Completion of short-term, sole PBS-subsidised, therapy as an aid to achieving abstinence in a patient who has previously been issued with an authority prescription for this drug and who is enrolled in a comprehensive support and counselling program.

8710K	Tablet 150 mg (sustained release)	90	..	..	158.99	35.40 ^a	Prexaton	GM
NP				^B 0.81	159.80	35.40 ^a	Zyban	GK

NICOTINE

Authority required

Nicotine dependence in an Aboriginal or a Torres Strait Islander person as the sole PBS-subsidised therapy.

Note

Only 2 courses of PBS-subsidised nicotine replacement therapy will be authorised per year.

No applications for increased maximum quantities and/or repeats will be authorised.

Benefit is improved if used in conjunction with a comprehensive support and counselling program.

Authority required

Short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who has entered a comprehensive support and counselling program.

Details of the program must be specified in the initial authority application;

Short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who is entering a comprehensive support and counselling program during the consultation at which this authority is requested.

Details of the program must be specified in the initial authority application.

Note

A maximum of 12 weeks of PBS-subsidised nicotine replacement therapy will be authorised per year. No applications for increased maximum quantities and/or repeats will be authorised.

5465P	Transdermal patch releasing approximately 21 mg per 24 hours	28	2	..	55.22	35.40	Nicabate P	GC
NP								
9198D	Transdermal patch releasing approximately 15 mg per 16 hours	28	2	..	55.22	35.40	Nicorette Patch	JT
NP								

NICOTINE

Authority required

Short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who has entered a comprehensive support and counselling program.

Details of the program must be specified in the initial authority application;

Short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and who is entering a comprehensive support and counselling program during the consultation at which this authority is requested.

Details of the program must be specified in the initial authority application.

Nervous system

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	
Note No applications for increased maximum quantities will be authorised. Applications for increased repeats, up to a maximum of 2, may be authorised. A maximum of 12 weeks of PBS-subsidised nicotine replacement therapy will be authorised per year.								
3414Q NP	Transdermal patch releasing approximately 21 mg per 24 hours	28	..	..	55.22	35.40	Nicotinell Step 1	NC
5572G NP	Transdermal patch releasing approximately 14 mg per 24 hours	28	..	..	55.22	35.40	Nicotinell Step 2	NC
5573H NP	Transdermal patch releasing approximately 7 mg per 24 hours	28	..	..	55.22	35.40	Nicotinell Step 3	NC

NICOTINE

Authority required

Nicotine dependence in an Aboriginal or a Torres Strait Islander person as the sole PBS-subsidised therapy.

Note

Only 2 courses of PBS-subsidised nicotine replacement therapy will be authorised per year.

No applications for increased maximum quantities and/or repeats will be authorised.

Benefit is improved if used in conjunction with a comprehensive support and counselling program.

5571F NP	Transdermal patch releasing approximately 21 mg per 24 hours	28	2	..	55.22	35.40	Nicotinell Step 1	NC
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VARENICLINE

Note

A course of treatment with varenicline tartrate is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful. Only one course of 12 or up to 24 weeks of PBS-subsidised varenicline tartrate will be authorised per year. The period between commencing varenicline tartrate and bupropion hydrochloride must be at least 6 months. No increased maximum quantities or repeats will be authorised. Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.

Authority required

Commencement of short-term, sole PBS-subsidised, therapy as an aid to achieving abstinence in a patient who has indicated they are ready to cease smoking and:

(a) who has entered a comprehensive support and counselling program; or

(b) who is entering a comprehensive support and counselling program during the consultation at which this authority is requested.

Details of the program must be specified in the authority application.

9128K NP	Box containing 11 tablets 0.5 mg (as tartrate) and 14 tablets 1 mg (as tartrate) in the first pack and 28 tablets 1 mg (as tartrate) in the second pack	1	103.12	35.40	Champix	PF
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VARENICLINE

Note

A course of treatment with varenicline tartrate is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful. Only one course of 12 or up to 24 weeks of PBS-subsidised varenicline tartrate will be authorised per year. The period between commencing varenicline tartrate and bupropion hydrochloride must be at least 6 months. No increased maximum quantities or repeats will be authorised. Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.

Authority required

Continuation of short-term sole PBS-subsidised therapy as an aid to achieving abstinence in a patient who has previously been issued with an authority prescription for this drug and who is enrolled in a comprehensive support and counselling program.

9129L NP	Tablet 1 mg (as tartrate)	112	*231.70	35.40	Champix	PF
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VARENICLINE

Note

A course of treatment with varenicline tartrate is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful. Only one course of 12 or up to 24 weeks of PBS-subsidised varenicline tartrate will be authorised per year. The period between commencing varenicline tartrate and bupropion hydrochloride must be at least 6 months. No increased maximum quantities or repeats will be authorised. Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.

Nervous system

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
<u>Authority required</u> Completion of short-term sole PBS-subsidised therapy as an aid to achieving long-term abstinence after completion of an initial 12-week PBS-subsidised course in a patient who has ceased smoking, and who is enrolled in a comprehensive support and counselling program.							
5469W NP	Tablet 1 mg (as tartrate)	56	2	..	120.42	35.40	Champix PF

Drugs used in alcohol dependence

ACAMPROSATE CALCIUM

Authority required (STREAMLINED)

2665

For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8357W NP	Tablet 333 mg (enteric coated)	180	1	..	166.58	35.40	Campral AF
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NALTREXONE HYDROCHLORIDE

Caution

Naltrexone hydrochloride is contraindicated in patients receiving opioid drugs.

Authority required

For use within a comprehensive treatment program for alcohol dependence with the goal of maintaining abstinence.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8370M NP	Tablet 50 mg	30	1	..	135.67	35.40	^a Naltrexone generichealth ^a ReVia	GQ BQ
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Other nervous system drugs

Other nervous system drugs

RILUZOLE

Authority required

Initial treatment of amyotrophic lateral sclerosis, as diagnosed by a neurologist, in patients with disease duration of 5 years or less and who have at least 60 percent of predicted forced vital capacity within 2 months prior to commencing riluzole therapy and who:

- (1) are ambulatory, and
- (a) have not undergone tracheostomy, and
- (b) have not experienced respiratory failure; OR
- (2) are not ambulatory, and
- (a) have not undergone tracheostomy, and
- (b) have not experienced respiratory failure, and
- (c) are either able to use upper limbs or able to swallow.

The date of diagnosis and the date and results of spirometry (in terms of percent of predicted forced vital capacity) must be supplied with the initial authority application.

Authority required

Continuing treatment of amyotrophic lateral sclerosis in patients who have previously been issued with an authority prescription for this drug and who:

- (1) are ambulatory, and
- (a) have not undergone tracheostomy, and
- (b) have not experienced respiratory failure; OR
- (2) are not ambulatory, and
- (a) have not undergone tracheostomy, and
- (b) have not experienced respiratory failure, and
- (c) are either able to use upper limbs or able to swallow.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8664B NP	Tablet 50 mg	56	5	..	662.00	35.40	Rilutek SW
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Nervous system

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
TETRABENAZINE <u>Authority required (STREAMLINED)</u> 1161 Hyperkinetic extrapyramidal disorders.							
<u>Note</u> Continuing Therapy Only: For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
1330B NP	Tablet 25 mg	112	5	..	337.55	35.40	Orphan Australia Pty Ltd OA

Antiparasitic products, insecticides and repellents

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
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Antiparasitic products, insecticides and repellents

Antiprotozoals

Agents against amoebiasis and other protozoal diseases

Nitroimidazole derivatives

1636D NP	METRONIDAZOLE Tablet 200 mg	21	1	..	7.88	8.97 ^a	Metrogyl 200	AF
							^a Metronide 200	AV
				^B 2.30	10.18	8.97 ^a	Flagyl	SW
1642K NP	Suppositories 500 mg, 10	‡1	..	..	23.16	24.25	Flagyl	SW
	METRONIDAZOLE <u>Restricted benefit</u> Treatment of anaerobic infections.							
1621H NP	Tablet 400 mg	21	1	..	9.85	10.94 ^a	Metrogyl 400	AF
							^a Metronide 400	AV
				^B 2.30	12.15	10.94 ^a	Flagyl	SW
1630T NP	METRONIDAZOLE BENZOATE Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	18.82	19.91	Flagyl S	SW
1465D NP	TINIDAZOLE Tablet 500 mg	4	..	..	10.79	11.88 ^a	Simplotan	FZ
				^B 2.42	13.21	11.88 ^a	Fasigyn	PF

Other agents against amoebiasis and other protozoal diseases

ATOVAQUONE

Authority required (STREAMLINED)

1433

Treatment of mild to moderate *Pneumocystis carinii* pneumonia in adult patients who are intolerant of trimethoprim/sulfamethoxazole therapy.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

8300W NP	Oral suspension 750 mg per 5 mL, 210 mL	‡1	..	..	1034.57	35.40	Wellvone	GK
1966L NP	PYRIMETHAMINE Tablet 25 mg	50	..	..	16.37	17.46	Daraprim	GK

Antimalarials

Biguanides

ATOVAQUONE with PROGUANIL HYDROCHLORIDE

Authority required

Treatment of suspected or confirmed *Plasmodium falciparum* malaria in a patient aged 3 years or older where quinine containing regimens are inappropriate.

Antiparasitic products, insecticides and repellents

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
<u>Note</u> Atovaquone with proguanil hydrochloride is not PBS-subsidised for the prophylaxis of malaria.							
<u>Note</u> Shared Care Model: For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
9439T NP	Tablet 250 mg-100 mg	12	..	..	67.00	35.40	Malarone GK

Methanolquinolines

QUININE SULFATE

Caution

Severe thrombocytopenia has been reported with this drug.

Authority required (STREAMLINED)

2142

Malaria.

1975Y NP	Tablet 300 mg	50	2	..	14.14	15.23	Quinate	AS
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Artemisinin and derivatives, combinations

ARTEMETHER with LUMEFANTRINE

Authority required

Treatment of suspected or confirmed malaria due to Plasmodium falciparum.

Note

Artemether with lumefantrine is not PBS-subsidised for prophylaxis of malaria.

9498X	Tablet 20 mg-120 mg	24	96.90	35.40	Riamet	NV
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ARTEMETHER with LUMEFANTRINE

Authority required

Treatment of suspected or confirmed malaria due to Plasmodium falciparum in a patient unable to swallow a solid dosage form of artemether with lumefantrine.

Note

Artemether with lumefantrine is not PBS-subsidised for prophylaxis of malaria.

5296R	Tablet (dispersible) 20 mg-120 mg	18	96.90	35.40	Riamet 20mg/120mg Dispersible	NV
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Anthelmintics

Antitrematodals

Quinoline derivatives and related substances

PRAZIQUANTEL

Authority required (STREAMLINED)

3147

Schistosomiasis.

9447F NP	Tablet 600 mg	8	40.85	35.40	Biltricide	BN
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Antinematodal agents

Benzimidazole derivatives

ALBENDAZOLE

Authority required (STREAMLINED)

2446

Treatment of whipworm infestation in an Aboriginal or a Torres Strait Islander person;

Antiparasitic products, insecticides and repellents

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	
	1388 Strongyloidiasis;							
	3241 Treatment of hookworm infestation.							
9047E NP	Tablet 200 mg	6	33.10	34.19	Zentel	GK
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	ALBENDAZOLE Authority required (STREAMLINED) 1525 Treatment of tapeworm infestation.							
8503M NP	Tablet 200 mg	6	1	..	33.10	34.19	Zentel	GK
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	ALBENDAZOLE Authority required (STREAMLINED) 1496 For the treatment of hydatid disease in conjunction with surgery or when a surgical cure cannot be achieved or where surgery cannot be used.							
8459F	Tablet 400 mg	60	2	..	185.25	35.40	Eskazole	GK
<i>Tetrahydropyrimidine derivatives</i>								
	PYRANTEL EMBONATE							
3047J NP	Tablet 125 mg (base)	6	..	..	14.60	15.69	Anthel 125	AF
3048K NP	Tablet 250 mg (base)	6	..	..	22.77	23.86	Anthel 250	AF
<i>Avermectines</i>								
	IVERMECTIN Authority required (STREAMLINED) 1242 Onchocerciasis;							
	1388 Strongyloidiasis.							
8359Y NP	Tablet 3 mg	4	..	..	31.31	32.40	Stromectol	MK

Ectoparasiticides, incl. scabicides, insecticides and repellents

Ectoparasiticides, incl. scabicides

Pyrethrines, incl. synthetic compounds

PERMETHRIN								
3054R NP	Cream 50 mg per g (5%), 30 g	‡1	1	..	16.77	17.86	Lyclear	JT

Respiratory system

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	
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Respiratory system

Nasal preparations

Decongestants and other nasal preparations for topical use

Other nasal preparations

MUPIROCIN

Authority required (STREAMLINED)

3136

Nasal colonisation with Staphylococcus aureus in an Aboriginal or a Torres Strait Islander person.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9440W NP	Nasal ointment 20 mg (as calcium) per g (2%), 3 g	1	20.63	21.72	Bactroban	GK
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Drugs for obstructive airway diseases

Adrenergics, inhalants

Selective beta-2-adrenoceptor agonists

EFORMOTEROL FUMARATE DIHYDRATE

Restricted benefit

Patients with frequent episodes of asthma who are currently receiving treatment with oral corticosteroids;

Patients with frequent episodes of asthma who are currently receiving treatment with optimal doses of inhaled corticosteroids.

8136F NP	Capsule containing powder for oral inhalation 12 micrograms (for use in Foradile Aerolizer)	60	5	..	37.33	35.40	Foradile	NV
8239P NP	Powder for oral inhalation in breath actuated device 6 micrograms per dose (60 doses)	1	5	..	26.38	27.47	Oxis Turbuhaler	AP
8240Q NP	Powder for oral inhalation in breath actuated device 12 micrograms per dose (60 doses)	1	5	..	36.44	35.40	Oxis Turbuhaler	AP

INDACATEROL

Restricted benefit

Chronic obstructive pulmonary disease.

Note

Indacaterol is not PBS-subsidised for the treatment of asthma.

5134F NP	Capsule containing powder for oral inhalation 150 micrograms (as maleate) (for use in Breezhaler)	30	5	..	73.44	35.40	Onbrez	NV
5137J NP	Capsule containing powder for oral inhalation 300 micrograms (as maleate) (for use in Breezhaler)	30	5	..	73.44	35.40	Onbrez	NV

SALBUTAMOL SULFATE

1099W NP	Capsule containing powder for oral inhalation 200 micrograms (base) (for use in Ventolin Rotahaler)	200	5	..	*16.06	17.15	Ventolin Rotacaps	GK
8288F NP	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	5	..	*13.82	14.91	^a Airomir	IA
							^a APO-Salbutamol Inhaler	TX
							^a Asmol CFC-free	AL
				^B 2.32	*16.14	14.91	^a Ventolin CFC-free	GK

Respiratory system

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	
SALBUTAMOL SULFATE								
<u>Restricted benefit</u>								
Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.								
8354Q NP	Oral pressurised inhalation in breath actuated device 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	5	..	*38.60	35.40	Airomir Autohaler	IA
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SALBUTAMOL SULFATE								
<u>Restricted benefit</u>								
Asthma in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer;								
Chronic obstructive pulmonary disease in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer.								
2000G NP	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	5	..	*18.32	19.41	^a Asmol 2.5 uni-dose	AF
							^a Butamol 2.5	QA
							^a GenRx Salbutamol	GX
							^a Pharmacor Salbutamol 2.5	CR
							^a Salbutamol-GA	GM
							^a Salbutamol Sandoz	SZ
				^B 1.34	*19.66	19.41	^a Ventolin Nebules	GK
2001H NP	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	5	..	*18.98	20.07	^a Asmol 5 uni-dose	AF
							^a Butamol 5	QA
							^a GenRx Salbutamol	GX
							^a Pharmacor Salbutamol 5	CR
							^a Salbutamol-GA	GM
							^a Salbutamol Sandoz	SZ
				^B 1.36	*20.34	20.07	^a Ventolin Nebules	GK
2003K NP	Nebuliser solution 5 mg (base) per mL (0.5%), 30 mL	2	2	..	*18.98	20.07	Pfizer Australia Pty Ltd	PF
SALMETEROL XINAFOATE								
<u>Restricted benefit</u>								
Patients with frequent episodes of asthma who are currently receiving treatment with oral corticosteroids;								
Patients with frequent episodes of asthma who are currently receiving treatment with optimal doses of inhaled corticosteroids.								
8141L NP	Powder for oral inhalation in breath actuated device 50 micrograms (base) per dose (60 doses)	1	5	..	37.33	35.40	Serevent Accuhaler	GK
TERBUTALINE SULFATE								
1252X NP	Powder for oral inhalation in breath actuated device 500 micrograms per dose (200 doses)	1	5	..	17.83	18.92	Bricanyl Turbuhaler	AP

Adrenergics and other drugs for obstructive airway diseases

BUDESONIDE with EFORMOTEROL FUMARATE DIHYDRATE

Restricted benefit

Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide;

Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide;

For single maintenance and reliever therapy in a patient who experiences frequent asthma symptoms while receiving treatment with oral corticosteroids;

For single maintenance and reliever therapy in a patient who experiences frequent asthma symptoms while receiving treatment with inhaled corticosteroids;

Respiratory system

					Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	\$	\$	Brand Name and Manufacturer	
	For maintenance and reliever therapy in a patient who experiences frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and a long-acting beta-2 agonist.							
8625Y NP	Powder for oral inhalation in breath actuated device 200 micrograms-6 micrograms per dose (120 doses)	1	5	..	58.77	35.40	Symbicort Turbuhaler 200/6	AP
8796Y NP	Powder for oral inhalation in breath actuated device 100 micrograms-6 micrograms per dose (120 doses)	1	5	..	54.47	35.40	Symbicort Turbuhaler 100/6	AP

BUDESONIDE with EFORMOTEROL FUMARATE DIHYDRATE

Restricted benefit

Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide;

Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled eformoterol fumarate dihydrate and budesonide.

Note

Symbicort 400/12 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Restricted benefit

Symptomatic treatment of chronic obstructive pulmonary disease (COPD), where the FEV1 is less than 50% predicted normal and there is a history of repeated exacerbations with significant symptoms despite regular beta-2 agonist bronchodilator therapy.

Note

Budesonide with eformoterol fumarate dihydrate is not indicated for the initiation of bronchodilator therapy in COPD.

8750M NP	Powder for oral inhalation in breath actuated devices 400 micrograms-12 micrograms per dose (60 doses), 2	1	5	..	90.55	35.40	Symbicort Turbuhaler 400/12	AP
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FLUTICASONE PROPIONATE with SALMETEROL XINAFOATE

Restricted benefit

Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate;

Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate.

8430Q NP	Powder for oral inhalation in breath actuated device 100 micrograms-50 micrograms (base) per dose (60 doses)	1	5	..	47.20	35.40	Seretide Accuhaler 100/50	GK
8431R NP	Powder for oral inhalation in breath actuated device 250 micrograms-50 micrograms (base) per dose (60 doses)	1	5	..	59.31	35.40	Seretide Accuhaler 250/50	GK
8517G NP	Oral pressurised inhalation 50 micrograms-25 micrograms (base) per dose (120 doses), CFC-free formulation	1	5	..	47.20	35.40	Seretide MDI 50/25	GK
8518H NP	Oral pressurised inhalation 125 micrograms-25 micrograms (base) per dose (120 doses), CFC-free formulation	1	5	..	59.31	35.40	Seretide MDI 125/25	GK

FLUTICASONE PROPIONATE with SALMETEROL XINAFOATE

Restricted benefit

Patients who previously had frequent episodes of asthma while receiving treatment with oral corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate;

Patients who previously had frequent episodes of asthma while receiving treatment with optimal doses of inhaled corticosteroids and who have been stabilised on concomitant inhaled salmeterol xinafoate and fluticasone propionate;

Symptomatic treatment of chronic obstructive pulmonary disease (COPD), where the FEV1 is less than 50% predicted normal and there is a history of repeated exacerbations with significant symptoms despite regular beta-2 agonist bronchodilator therapy.

Note

Seretide is not indicated for the initiation of bronchodilator therapy in COPD.

8432T NP	Powder for oral inhalation in breath actuated device 500 micrograms-50 micrograms (base) per dose (60 doses)	1	5	..	78.44	35.40	Seretide Accuhaler 500/50	GK
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Respiratory system

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	
8519J NP	Oral pressurised inhalation 250 micrograms- 25 micrograms (base) per dose (120 doses), CFC-free formulation	1	5	..	78.44	35.40	Seretide MDI	GK
							250/25	

Other drugs for obstructive airway diseases, inhalants

Glucocorticoids

BECLOMETHASONE DIPROPIONATE

8406K NP	Oral pressurised inhalation 50 micrograms per dose (200 doses), CFC-free formulation	1	5	..	19.29	20.38	Qvar 50	IA
8407L NP	Oral pressurised inhalation 100 micrograms per dose (200 doses), CFC-free formulation	1	5	..	33.46	34.55	Qvar 100	IA

BECLOMETHASONE DIPROPIONATE

Restricted benefit

Patients unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

8408M NP	Oral pressurised inhalation in breath actuated device 50 micrograms per dose (200 doses), CFC-free formulation	1	5	..	27.87	28.96	Qvar 50 Autohaler	IA
8409N NP	Oral pressurised inhalation in breath actuated device 100 micrograms per dose (200 doses), CFC-free formulation	1	5	..	39.13	35.40	Qvar 100 Autohaler	IA

BUDESONIDE

2070Y NP	Powder for oral inhalation in breath actuated device 100 micrograms per dose (200 doses)	1	5	..	23.34	24.43	Pulmicort Turbuhaler	AP
2071B NP	Powder for oral inhalation in breath actuated device 200 micrograms per dose (200 doses)	1	5	..	31.08	32.17	Pulmicort Turbuhaler	AP
2072C NP	Powder for oral inhalation in breath actuated device 400 micrograms per dose (200 doses)	1	5	..	45.84	35.40	Pulmicort Turbuhaler	AP

BUDESONIDE

Authority required (STREAMLINED)

1351

Severe chronic asthma in patients who require long-term steroid therapy and who are unable to use other forms of inhaled steroid therapy.

2065Q NP	Nebuliser suspension single dose units 500 micrograms in 2 mL, 30	1	5	..	37.86	35.40	Pulmicort Respules	AP
2066R NP	Nebuliser suspension single dose units 1 mg in 2 mL, 30	1	5	..	49.00	35.40	Pulmicort Respules	AP

CICLESONIDE

8853Y NP	Oral pressurised inhalation 80 micrograms per dose (120 doses), CFC-free formulation	1	5	..	26.15	27.24	Alvesco 80	NQ
8854B NP	Oral pressurised inhalation 160 micrograms per dose (120 doses), CFC-free formulation	1	5	..	42.25	35.40	Alvesco 160	NQ

FLUTICASONE PROPIONATE

8147T NP	Powder for oral inhalation in breath actuated device 100 micrograms per dose (60 doses)	1	5	..	17.09	18.18	Flixotide Junior Accuhaler	GK
8148W NP	Powder for oral inhalation in breath actuated device 250 micrograms per dose (60 doses)	1	5	..	30.66	31.75	Flixotide Accuhaler	GK
8149X NP	Powder for oral inhalation in breath actuated device 500 micrograms per dose (60 doses)	1	1	..	49.72	35.40	Flixotide Accuhaler	GK
8345F NP	Oral pressurised inhalation 125 micrograms per dose (120 doses), CFC-free formulation	1	5	..	30.66	31.75	Flixotide	GK
8346G NP	Oral pressurised inhalation 250 micrograms per dose (120 doses), CFC-free formulation	1	1	..	49.72	35.40	Flixotide	GK
8516F NP	Oral pressurised inhalation 50 micrograms per dose (120 doses), CFC-free formulation	1	5	..	17.09	18.18	Flixotide Junior	GK

Respiratory system

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	
Anticholinergics								
IPRATROPIUM BROMIDE								
8671J NP	Oral pressurised inhalation 21 micrograms per dose (200 doses), CFC-free formulation	2	5	..	*33.84	34.93	Atrovent	BY
<hr/>								
IPRATROPIUM BROMIDE								
<u>Restricted benefit</u>								
Asthma in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer;								
Chronic obstructive pulmonary disease in patients unable to use this drug delivered from an oral pressurised inhalation device via a spacer.								
1542E NP	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	5	..	*35.74	35.40	^a Aeron 250	QA
							^a APO-Ipratropium	TX
							^a Ipratrin	AF
							^a Ipravent	PF
				^B 0.68	*36.42	35.40	^a Atrovent	BY
8238N NP	Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30	2	5	..	*41.06	35.40	^a Aeron 500	QA
							^a APO-Ipratropium	TX
							^a Ipratrin Adult	AF
							^a Ipravent	PF
				^B 0.58	*41.64	35.40	^a Atrovent Adult	BY
TIOTROPIUM BROMIDE MONOHYDRATE								
<u>Restricted benefit</u>								
Chronic obstructive pulmonary disease.								
8626B NP	Capsule containing powder for oral inhalation 18 micrograms (base) (for use in HandiHaler)	30	5	..	76.89	35.40	Spiriva	BY
Antiallergic agents, excl. corticosteroids								
NEDOCROMIL SODIUM								
8365G NP	Oral pressurised inhalation 2 mg per dose (112 doses), CFC-free formulation	1	5	..	37.69	35.40	Tilade CFC-Free	SW
SODIUM CROMOGLYCATE								
2878L NP	Capsule containing powder for oral inhalation 20 mg (for use in Intal Spinhaler or Intal Halermatic)	100	5	..	31.41	32.50	Intal Spincaps	GM
8334P NP	Oral pressurised inhalation 5 mg per dose (112 doses), CFC-free formulation	1	5	..	35.84	35.40	Intal Forte CFC-Free	SW
8767K NP	Oral pressurised inhalation 1 mg per dose (200 doses), CFC-free formulation	1	5	..	30.29	31.38	Intal CFC-Free	SW
Adrenergics for systemic use								
Alpha- and beta-adrenoceptor agonists								
ADRENALINE								
1016L NP	Injection 1 mg in 1 mL (1 in 1,000)	5	1	..	20.34	21.43	Link Medical Products Pty Ltd	LM

ADRENALINE

Authority required

Initial sole PBS-subsidised supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis in a patient who:

(a) has been assessed to be at significant risk of anaphylaxis by, or in consultation with, a clinical immunologist, allergist, paediatrician or respiratory physician. The name of the specialist consulted must be provided at the time of application for initial supply; or

(b) has been discharged from hospital or an emergency department after treatment with adrenaline for acute allergic reaction with anaphylaxis;

Respiratory system

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	
Continuing sole PBS-subsidised supply for anticipated emergency treatment of acute allergic reactions with anaphylaxis, where the patient has previously been issued with an authority prescription for this drug.								
<u>Note</u>								
The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au .)								
<u>Note</u>								
Authority approvals will be limited to a maximum quantity of 2 auto-injectors (Anapen or EpiPen) at any one time.								
No repeats will be issued.								
<u>Caution</u>								
EpiPen and Anapen products have different administration techniques and should not be prescribed to the same patient without training in their use.								
3408J NP	I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector	1	..	..	106.00	35.40	Anapen Junior	LM
3409K NP	I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector	1	..	..	106.00	35.40	Anapen	LM
8697R NP	I.M. injection 150 micrograms in 0.3 mL single dose syringe auto-injector	1	..	..	106.00	35.40	EpiPen Jr.	AL
8698T NP	I.M. injection 300 micrograms in 0.3 mL single dose syringe auto-injector	1	..	..	106.00	35.40	EpiPen	AL

Selective beta-2-adrenoceptor agonists

SALBUTAMOL SULFATE								
1103C NP	Syrup 2 mg (base) per 5 mL, 150 mL	2	5	..	*22.20	23.29	Ventolin	GK
TERBUTALINE SULFATE								
1034K NP	Injection 500 micrograms in 1 mL	5	..	..	30.59	31.68	Bricanyl	AP

Other systemic drugs for obstructive airway diseases

Xanthines

THEOPHYLLINE

Caution

Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring.

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

2614N NP	Syrup 133.3 mg per 25 mL, 500 mL	±1	5	..	12.31	13.40	Nuelin	IA
2634P NP	Tablet 250 mg (sustained release)	100	5	..	13.32	14.41	Nuelin-SR 250	IA
8230E NP	Tablet 200 mg (sustained release)	100	5	..	12.16	13.25	Nuelin-SR 200	IA
8231F NP	Tablet 300 mg (sustained release)	100	5	..	14.70	15.79	Nuelin-SR 300	IA

Leukotriene receptor antagonists

MONTELUKAST SODIUM

Authority required (STREAMLINED)

2617

First-line preventer medication, as the single preventer agent for children aged 2 to 5 years with frequent intermittent or mild persistent asthma, as an alternative to sodium cromoglycate or nedocromil sodium.

Note

Montelukast sodium is not PBS-subsidised for use in a child aged 2 to 5 years with moderate to severe asthma. It is not intended as an alternative for a child aged 2 to 5 years who requires a corticosteroid as a preventer medication.

Respiratory system

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
	Montelukast sodium is not subsidised in a child aged 2 to 5 years for use in combination with other preventer medications. PBS subsidy for montelukast sodium will therefore cease for a child aged 2 to 5 years who requires a preventer medication in addition to montelukast sodium.						
	<p>Note</p> <p>No applications for increased maximum quantities and/or repeats will be authorised.</p>						
8627C NP	Chewable tablet 4 mg (base)	28	5	..	47.93	35.40	Singlair MK

MONTELUKAST SODIUM

Authority required (STREAMLINED)

2618

First-line preventer medication, as the single preventer agent for children aged 6 to 14 years with frequent intermittent or mild persistent asthma, as an alternative to sodium cromoglycate or nedocromil sodium.

Authority required (STREAMLINED)

3217

Prevention of exercise-induced asthma, as an alternative to adding salmeterol xinafoate or formoterol fumarate, in a child aged 6 to 14 years whose asthma is otherwise well controlled while receiving optimal dose inhaled corticosteroid, but who requires short-acting beta-2 agonist 3 or more times per week for prevention or relief of residual exercise-related symptoms.

Note

Montelukast sodium is not PBS-subsidised for use in a patient aged 15 years or older, or for use in addition to a long-acting beta-agonist in any age group, or for use as a single second line preventer, as an alternative to corticosteroids, in a child aged 6 to 14 years with moderate to severe asthma.

Note

Note
No applications for increased maximum quantities and/or repeats will be authorised.

8628D NP	Chewable tablet 5 mg (base)	28	5	..	45.71	35.40	Singulair	MK
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Cough and cold preparations

Cough suppressants, excl. combinations with expectorants

Opium alkaloids and derivatives

CODEINE PHOSPHATE

1214X NP	Tablet 30 mg	20	16.87	17.96	Fawns and McAllan Proprietary Limited	FM
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Antihistamines for systemic use

Antihistamines for systemic use

Phenothiazine derivatives

PROMETHAZINE HYDROCHLORIDE

1948M NP	Injection 50 mg in 2 mL	10	*22.32	23.41	Hospira Pty Limited	HH
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Sensory organs

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	
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Sensory organs

Ophthalmologicals

Antiinfectives

Antibiotics

AZITHROMYCIN

Restricted benefit

Trachoma.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

8201P NP	Powder for oral suspension 200 mg (as dihydrate) per 5 mL, 15 mL	1	..	..	#21.14	22.58	Zithromax	PF
8336R NP	Tablet 500 mg (as dihydrate)	2	2	..	21.09	22.18	^a Azithromycin Sandoz	SZ
							^a Zithromax	PF
							^a Zitrocin	GM

CHLORAMPHENICOL

1171P NP,MW	Eye ointment 10 mg per g (1%), 4 g	1	..	..	9.76	10.85	Chloromycetin	PF
2360F NP,MW	Eye drops 5 mg per mL (0.5%), 10 mL	1	2	..	11.00	12.09	Chlorsig	QA
							Chloromycetin	PF
							Chlorsig	QA

GENTAMICIN SULFATE

Restricted benefit

Invasive ocular infection;

Perioperative use in ophthalmic surgery;

Suspected pseudomonal eye infection.

1441W	Eye drops 3 mg (base) per mL (0.3%), 5 mL	1	2	..	18.29	19.38	Genoptic	AG
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TOBRAMYCIN

Restricted benefit

Invasive ocular infection;

Perioperative use in ophthalmic surgery;

Suspected pseudomonal eye infection.

2328M	Eye drops 3 mg per mL (0.3%), 5 mL	1	2	..	19.28	20.37	Tobrex	AQ
2329N	Eye ointment 3 mg per g (0.3%), 3.5 g	1	..	..	22.38	23.47	Tobrex	AQ

Antivirals

ACICLOVIR

Restricted benefit

Herpes simplex keratitis.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1002R NP	Eye ointment 30 mg per g (3%), 4.5 g	1	33.63	34.72	Zovirax	GK
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Sensory organs

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	
<i>Other anti-infectives</i>								
	CIPROFLOXACIN <u>Authority required</u> Bacterial keratitis.							
1217C	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	.. B 2.06	*28.48 *30.54	29.57 ^a 29.57 ^a	CiloQuin Ciloxan	IQ AQ
	OFLOXACIN <u>Authority required</u> Bacterial keratitis.							
8383F	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	..	*32.14	33.23	Ocuflox	AG
<i>Anti-inflammatory agents</i>								
<i>Corticosteroids, plain</i>								
1288T NP	DEXAMETHASONE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	10.61	11.70	Maxidex	AQ
1204J NP	FLUOROMETHOLONE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	5	..	10.61	11.70	Flucon FML Liquifilm	AQ AG
1438Q NP	FLUOROMETHOLONE ACETATE Eye drops 1 mg per mL (0.1%), 5 mL	‡1	2	..	10.61	11.70	Flarex	AQ
2441L NP	HYDROCORTISONE ACETATE Eye ointment 10 mg per g (1%), 5 g	‡1	..	..	12.69	13.78	Hycor	QA
<i>Corticosteroids and mydriatics in combination</i>								
	PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE <u>Restricted benefit</u> Corneal grafts; Uveitis.							
3112T NP	Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL	‡1	2	..	23.73	24.82	Prednefrin Forte	AG
<i>Anti-inflammatory agents, non-steroids</i>								
8699W NP	FLURBIPROFEN SODIUM Eye drops 300 micrograms per mL (0.03%), single dose units 0.4 mL, 5	1	..	..	16.82	17.91	Ocufen	AG
<i>Antiglaucoma preparations and miotics</i>								
<i>Sympathomimetics in glaucoma therapy</i>								
	APRACLONIDINE HYDROCHLORIDE <u>Restricted benefit</u> Short-term reduction of intra-ocular pressure in patients already on maximally tolerated anti-glaucoma therapy.							
8083K	Eye drops 5 mg (base) per mL (0.5%), 10 mL	‡1	2	..	41.77	35.40	Iopidine 0.5%	AQ
5298W	BRIMONIDINE TARTRATE Eye drops 1.5 mg per mL (0.15%), 5 mL	‡1	5	..	20.14	21.23	Alphagan P 1.5	AG

Sensory organs

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	
8351M	Eye drops 2 mg per mL (0.2%), 5 mL	‡1	5	..	20.14	21.23 ^a	Enidin	PE
				^B 1.63	21.77	21.23 ^a	Alphagan	AG

BRIMONIDINE TARTRATE with TIMOLOL MALEATE

Restricted benefit

Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;

Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.

8826M	Eye drops 2 mg-5 mg (base) per mL (0.2%-0.5%), 5 mL	‡1	5	..	26.03	27.12	Combigan	AG
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Parasympathomimetics

PILOCARPINE HYDROCHLORIDE

2595N	Eye drops 10 mg per mL (1%), 15 mL	‡1	5	..	12.53	13.62	Isopto Carpine	AQ
2596P	Eye drops 20 mg per mL (2%), 15 mL	‡1	5	..	13.78	14.87	Isopto Carpine	AQ
2598R	Eye drops 40 mg per mL (4%), 15 mL	‡1	5	..	16.63	17.72	Isopto Carpine	AQ

Carbonic anhydrase inhibitors

ACETAZOLAMIDE

Note

Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

1004W NP	Tablet 250 mg	100	3	..	23.79	24.88	Diamox	QA
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BRINZOLAMIDE

8483L	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	..	22.77	23.86 ^a	BrinzoQuin	IQ
				^B 1.18	23.95	23.86 ^a	Azopt	AQ

BRINZOLAMIDE with TIMOLOL MALEATE

Restricted benefit

Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;

Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.

3438Y	Eye drops 10 mg-5 mg (base) per mL (1%-0.5%), 5 mL	‡1	5	..	26.88	27.97	Azarga	AQ
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DORZOLAMIDE HYDROCHLORIDE

8488R	Eye drops 20 mg (base) per mL (2%), 5 mL	‡1	5	..	21.29	22.38	Trusopt	MK
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DORZOLAMIDE HYDROCHLORIDE with TIMOLOL MALEATE

Restricted benefit

Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;

Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.

8567X	Eye drops 20 mg (base)-5 mg (base) per mL (2%-0.5%), 5 mL	‡1	5	..	27.18	28.27	Cosopt	MK
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Beta blocking agents

BETAXOLOL HYDROCHLORIDE

2811Y	Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	14.77	15.86	Betoptic S	AQ
2825Q	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	..	14.77	15.86 ^a	BetoQuin	IQ
				^B 2.09	16.86	15.86 ^a	Betoptic	AQ

Sensory organs

					Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	\$	\$	Brand Name and Manufacturer	
TIMOLOL MALEATE								
1278G	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	1	5	.. B3.03	11.54 14.57	12.63 ^a 12.63 ^a	Tenopt Timoptol	QA FR
1279H	Eye drops 5 mg (base) per mL (0.5%), 5 mL	1	5	.. B3.03	12.31 15.34	13.40 ^a 13.40 ^a	Tenopt Timoptol	QA FR
1925H	Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL	1	5	..	11.54	12.63	Timoptol XE	MK
1926J	Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	1	5	..	12.31	13.40	Timoptol XE	MK
8803H	Eye gel 1 mg (base) per g (0.1%), 5 g	1	5	..	12.87	13.96	Nyogel	NV

Prostaglandin analogues

BIMATOPROST								
8620Q	Eye drops 300 micrograms per mL (0.03%), 3 mL	1	5	..	42.14	35.40	Lumigan	AG
BIMATOPROST with TIMOLOL MALEATE								
Restricted benefit								
Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;								
Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.								
9464D	Eye drops 300 micrograms-5 mg (base) per mL (0.03%-0.5%), 3 mL	1	5	..	46.59	35.40	Ganfort 0.3/5	AG
LATANOPROST								
8243W	Eye drops 50 micrograms per mL (0.005%), 2.5 mL	1	5	..	42.14	35.40	Xalatan	PF
LATANOPROST with TIMOLOL MALEATE								
Restricted benefit								
Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;								
Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.								
8895E	Eye drops 50 micrograms-5 mg (base) per mL (0.005%-0.5%), 2.5 mL	1	5	..	46.59	35.40	Xalacom	PF
TRAVOPROST								
8597L	Eye drops 40 micrograms per mL (0.004%), 2.5 mL	1	5	..	42.14	35.40	Travatan	AQ
TRAVOPROST with TIMOLOL MALEATE								
Restricted benefit								
Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;								
Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.								
9057Q	Eye drops 40 micrograms-5 mg (base) per mL (0.004%-0.5%), 2.5 mL	1	5	..	46.59	35.40	Duotrav	AQ

Mydriatics and cycloplegics

Anticholinergics

ATROPINE								
1093M NP	Eye drops containing atropine sulfate 10 mg per mL (1%), 15 mL	1	2	..	21.77	22.86	Atropt	QA
HOMATROPINE HYDROBROMIDE								
2541R NP	Eye drops 20 mg per mL (2%), 15 mL	1	2	..	18.81	19.90	Isopto Homatropine	AQ

Sensory organs

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
Decongestants and antiallergics							
<i>Other antiallergics</i>							
SODIUM CROMOGLYCATE							
<u>Restricted benefit</u>							
Vernal kerato-conjunctivitis.							
1127H	Eye drops 20 mg per mL (2%), 10 mL	1	5	..	14.21	15.30	^a Cromolux AE
<i>NP</i>							^a Opticrom SW

Ocular vascular disorder agents

Antineovascularisation agents

RANIBIZUMAB

Authority required

Initial treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of subfoveal choroidal neovascularisation (CNV) due to age-related macular degeneration (AMD), as diagnosed by fluorescein angiography.

Where a fluorescein angiogram cannot be performed due to a contraindication as listed in the TGA-approved product information, details of the contraindication must be provided. A copy of the report of an alternative method of diagnosis must be included in the application, for example, optical coherence tomography (OCT) or red free photography.

Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia.

The first authority application for each eye must be made in writing, and must include:

- (a) a completed authority prescription form; and
- (b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form [www.medicareaustralia.gov.au]; and
- (c) a copy of the fluorescein angiogram or alternative method of diagnosis where applicable.

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

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

Alternatively, the first authority application may be faxed to Medicare Australia on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Medicare Australia will then contact the prescriber by telephone. The original documentation must be posted to the above address after approval has been gained.

Authority required

Continuing treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of subfoveal choroidal neovascularisation (CNV) due to age-related macular degeneration (AMD) where the patient has previously been granted an authority prescription for the same eye.

Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia. Authority applications for continuing treatment in the same eye may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

1382R	Solution for intravitreal injection 2.3 mg in 0.23 mL	1	2	..	1976.36	35.40	Lucentis NV
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VERTEPORFIN

Authority required

Initial treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of predominantly (greater than or equal to 50%) classic, subfoveal choroidal neovascularisation (CNV) due to age-related macular degeneration (AMD), as diagnosed by fluorescein angiography, in a patient with a baseline visual acuity equal to or better than 6/60 (20/200).

Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia.

The first authority application for each eye must be made in writing, and must include:

- (a) a completed authority prescription form; and
- (b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form [www.medicareaustralia.gov.au]; and
- (c) a copy of the fluorescein angiogram demonstrating that the CNV is predominantly classic (greater than or equal to 50%).

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

Medicare Australia

Sensory organs

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

Alternatively, the first authority application may be faxed to Medicare Australia on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Medicare Australia will then contact the prescriber by telephone. The original documentation must be posted to the above address after approval has been gained.

No more than 15 treatments (1 initial and 14 continuing) per eye will be authorised.

Medicare Australia should be notified if treatment is abandoned prior to completion of the laser activation step but after infusion of verteporfin. Telephone 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The reason treatment is abandoned must be provided. Where such notification has been made, the treatment so affected will not count towards the maximum.

Authority required

Initial PBS-subsidised treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of predominantly (greater than or equal to 50%) classic, subfoveal choroidal neovascularisation (CNV) due to macular degeneration where the patient has been authorised by the Angiogram Review Panel to receive treatment with verteporfin in the same eye under the MBS Visudyne Therapy Program.

Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia.

The first authority application for each eye must be made in writing, and must include:

- (a) a completed authority prescription form; and
- (b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form [www.medicareaustralia.gov.au], which includes the date of review by the Angiogram Review Panel and the number of treatments administered in that eye under the MBS Visudyne Therapy Program; and
- (c) a copy of the fluorescein angiogram demonstrating that the CNV is predominantly classic (greater than or equal to 50%).

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

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

Alternatively, the first authority application may be faxed to Medicare Australia on 1300 093 177 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Medicare Australia will then contact the prescriber by telephone. The original documentation must be posted to the above address after approval has been gained.

A patient is eligible for a total of 15 subsidised treatments per eye. This maximum includes treatments administered under the MBS Visudyne Therapy Program and the PBS.

Medicare Australia should be notified if treatment is abandoned prior to completion of the laser activation step but after infusion of verteporfin. Telephone 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The reason treatment is abandoned must be provided. Where such notification has been made, the treatment so affected will not count towards the maximum.

Authority required

Continuing treatment by an ophthalmologist, as the sole PBS-subsidised therapy, of predominantly (greater than or equal to 50%) classic, subfoveal choroidal neovascularisation (CNV) due to macular degeneration where the patient has previously been granted an authority prescription for the same eye.

A patient is eligible for a total of 15 subsidised treatments per eye. This maximum includes treatments administered under the MBS Visudyne Therapy Program and the PBS.

Medicare Australia should be notified if treatment is abandoned prior to completion of the laser activation step but after infusion of verteporfin. Telephone 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The reason treatment is abandoned must be provided. Where such notification has been made, the treatment so affected will not count towards the maximum.

Authority approvals will be administered by the PBS and Specialised Drugs Branch of Medicare Australia. Authority applications for continuing treatment in the same eye may be made by telephone on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

1349B	Powder for I.V. infusion 15 mg	1	2246.36	35.40	Visudyne	NV
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Sensory organs

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	
Other ophthalmologicals <i>Other ophthalmologicals</i>								
CARBOMER <u>Restricted benefit</u> Severe dry eye syndrome, including Sjogren's syndrome.								
8384G NP	Eye gel 2 mg per g (0.2%), 10 g	1	5	..	10.27	11.36	GelTears	BU
							^a PAA	NM
				^B 1.50	11.77	11.36	^a Viscotears	NV
<hr/>								
CARBOMER <u>Restricted benefit</u> For use in patients who have severe dry eye syndrome, including Sjogren's syndrome, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.								
9210R	Eye gel 2 mg per g (0.2%), 10 g	1	11	..	10.27	11.36	GelTears	BU
							^a PAA	NM
				^B 1.50	11.77	11.36	^a Viscotears	NV
<hr/>								
CARBOMER <u>Authority required (STREAMLINED)</u> <i>1359</i> Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
8578L NP	Eye gel 2 mg per g (0.2%), single dose units 0.6 mL, 30	3	5	..	*36.09	35.40	Viscotears Gel PF	NV
CARBOMER 974 <u>Authority required (STREAMLINED)</u> <i>1359</i> Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
8514D NP	Ocular lubricating gel 3 mg per g (0.3%), single dose units 0.5 g, 30	3	5	..	*36.06	35.40	Poly Gel	AQ
CARMELLOSE SODIUM <u>Restricted benefit</u> Severe dry eye syndrome, including Sjogren's syndrome.								
8548X NP	Eye drops 5 mg per mL (0.5%), 15 mL	1	5	..	10.59	11.68	Refresh Tears Plus	AG
8593G NP	Eye drops 10 mg per mL (1%), 15 mL	1	5	..	10.59	11.68	Refresh Liquigel	AG
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CARMELLOSE SODIUM <u>Restricted benefit</u> For use in patients who have severe dry eye syndrome, including Sjogren's syndrome, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.								
9211T	Eye drops 5 mg per mL (0.5%), 15 mL	1	11	..	10.59	11.68	Refresh Tears Plus	AG
9212W	Eye drops 10 mg per mL (1%), 15 mL	1	11	..	10.59	11.68	Refresh Liquigel	AG

Sensory organs

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	
CARMELLOSE SODIUM								
<u>Authority required (STREAMLINED)</u>								
1359								
Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
2324H NP	Eye drops 10 mg per mL (1%), single dose units 0.4 mL, 30	3	5	..	*36.06	35.40	Celluvisc	AG
2338C NP	Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30	3	5	..	*36.06	35.40	Cellufresh	AG
8823J NP	Eye drops 2.5 mg per mL (0.25%), single dose units 0.6 mL, 24	4	5	..	*40.42	35.40	TheraTears	CX
8824K NP	Ocular lubricating gel 10 mg per mL (1%), single dose units 0.6 mL, 28	3	5	..	*34.08	35.17	TheraTears	CX
CARMELLOSE SODIUM with GLYCERIN								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
<u>Note</u>								
The in-use shelf life of Optive is 6 months from the date of opening.								
9355J NP	Eye drops 5 mg-9 mg per mL (0.5%-0.9%), 15 mL	1	3	..	10.59	11.68	Optive	AG
CARMELLOSE SODIUM with GLYCERIN								
<u>Restricted benefit</u>								
For use in patients who have severe dry eye syndrome, including Sjogren's syndrome, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
<u>Note</u>								
The in-use shelf life of Optive is 6 months from the date of opening.								
9356K	Eye drops 5 mg-9 mg per mL (0.5%-0.9%), 15 mL	1	7	..	10.59	11.68	Optive	AG
CARMELLOSE SODIUM with GLYCERIN								
<u>Authority required (STREAMLINED)</u>								
1359								
Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
9307W NP	Eye drops 5 mg-9 mg per mL (0.5%-0.9%), single dose units 0.4 mL, 30	3	5	..	*36.06	35.40	Optive	AG
HYPROMELLOSE								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
2956N NP	Eye drops 5 mg per mL (0.5%), 15 mL	1	5	..	10.27	11.36	Methopt	QA
8287E NP	Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	1	5	..	10.27	11.36 ^a	In a Wink Moisturising	NM
				^B 1.95	12.22	11.36 ^a	Genteal	NV
HYPROMELLOSE								
<u>Restricted benefit</u>								
For use in patients who have severe dry eye syndrome, including Sjogren's syndrome, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
9213X	Eye drops 3 mg per mL (0.3%), 15 mL (contains	1	11	..	10.27	11.36 ^a	In a Wink	NM

Sensory organs

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	
	sodium perborate as preservative)						Moisturising	
9214Y	Eye drops 5 mg per mL (0.5%), 15 mL	1	11	^B 1.95 ..	12.22 10.27	11.36 ^a 11.36	Genteal Methopt	NV QA
HYPROMELLOSE with CARBOMER 980								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
8564R NP	Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g	1	5	.. ^B 1.95	10.27 12.22	11.36 ^a 11.36 ^a	HPMC PAA Genteal gel	NM NV
HYPROMELLOSE with CARBOMER 980								
<u>Restricted benefit</u>								
For use in patients who have severe dry eye syndrome, including Sjogren's syndrome, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
9215B	Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g	1	11	.. ^B 1.95	10.27 12.22	11.36 ^a 11.36 ^a	HPMC PAA Genteal gel	NM NV
HYPROMELLOSE with DEXTRAN								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
1509K NP	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	1	5	.. ^B 1.77	10.49 12.26	11.58 ^a 11.58 ^a	Poly-Tears Tears Naturale	IQ AQ
HYPROMELLOSE with DEXTRAN								
<u>Restricted benefit</u>								
For use in patients who have severe dry eye syndrome, including Sjogren's syndrome, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
9216C	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	1	11	.. ^B 1.77	10.49 12.26	11.58 ^a 11.58 ^a	Poly-Tears Tears Naturale	IQ AQ
HYPROMELLOSE with DEXTRAN								
<u>Authority required (STREAMLINED)</u>								
1359								
Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
8299T NP	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), single dose units 0.4 mL, 28	3	5	.. ^B 2.12	*35.07 22.72	35.40 21.69 ^a	Bion Tears Ircal	AQ PE
1750D NP	PARAFFIN Pack containing 2 tubes compound eye ointment 3.5 g	1	5	.. ^B 2.12	20.60 22.72	21.69 21.69 ^a	Poly Visc Lacri-Lube	IQ AG
1754H NP	Compound eye ointment 3.5 g	2	5	.. ^B 2.18	*21.24 *23.42	22.33 ^a 22.33 ^a	Poly Visc Duratears	IQ AQ

No applications for increased maximum quantities and/or repeats will be authorised.

Sensory organs

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	
9219F	Eye drops 4 mg-3 mg per mL (0.4%-0.3%), 15 mL	‡1	11	..	10.59	11.68	Systane	AQ
POLYETHYLENE GLYCOL 400 with PROPYLENE GLYCOL <u>Authority required (STREAMLINED)</u> 1359 Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
9170P NP	Eye drops 4 mg-3 mg per mL (0.4%-0.3%), single dose units 0.8 mL, 28	2	5	..	*34.08	35.17	Systane	AQ
POLYVINYL ALCOHOL <u>Restricted benefit</u> Severe dry eye syndrome, including Sjogren's syndrome.								
2681D NP	Eye drops 30 mg per mL (3%), 15 mL	‡1	5	.. ^B 5.59	10.27 15.86	11.36 ^a	PVA Forte	PE
2682E NP	Eye drops 14 mg per mL (1.4%), 15 mL	‡1	5	.. ^B 1.60	10.27 11.87	11.36 ^a	Liquifilm Forte PVA Tears	AG PE
8831T NP	Eye drops 14 mg per mL (1.4%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative)	‡1	5	..	10.27	11.36	Vistil	AE
8832W NP	Eye drops 30 mg per mL (3%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative)	‡1	5	..	10.27	11.36	Vistil Forte	AE
POLYVINYL ALCOHOL <u>Restricted benefit</u> For use in patients who have severe dry eye syndrome, including Sjogren's syndrome, and who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
9220G	Eye drops 14 mg per mL (1.4%), 15 mL	‡1	11	.. ^B 1.60	10.27 11.87	11.36 ^a	PVA Tears	PE
9221H	Eye drops 14 mg per mL (1.4%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative)	‡1	11	..	10.27	11.36 ^a	Liquifilm Tears Vistil	AG AE
9222J	Eye drops 30 mg per mL (3%), 15 mL	‡1	11	.. ^B 5.59	10.27 15.86	11.36 ^a	PVA Forte	PE
9223K	Eye drops 30 mg per mL (3%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative)	‡1	11	..	10.27	11.36 ^a	Liquifilm Forte Vistil Forte	AG AE
SOY LECITHIN <u>Authority required (STREAMLINED)</u> 1359 Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
9448G NP	Eye spray 10 mg per mL (1%), 10 mL	2	5	..	*36.06	35.40	tearsagain	RB

Otologicals

Antiinfectives

Antiinfectives

CHLORAMPHENICOL								
1172Q NP	Ear drops (aqueous) 5 mg per mL (0.5%), 5 mL	‡1	2	..	11.05	12.14	Chloromycetin	PF

Sensory organs

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	
CIPROFLOXACIN								
Authority required								
Treatment of chronic suppurative otitis media in an Aboriginal or a Torres Strait Islander person aged 1 month or older;								
Treatment of chronic suppurative otitis media in a patient less than 18 years of age with perforation of the tympanic membrane;								
Treatment of chronic suppurative otitis media in a patient less than 18 years of age with a grommet in situ.								
2480M NP	Ear drops 3 mg per mL (0.3%), 5 mL	1	1	..	19.28	20.37	Ciloxan	AQ
NEOMYCIN UNDECENOATE with BACITRACIN ZINC								
2296W NP	Ear ointment 12 mg (3.5 mg base)-400 units per g, 10 g	1	..	..	8.66	9.75	Nemdyn	HA
Corticosteroids and antiinfectives in combination								
Corticosteroids and antiinfectives in combination								
DEXAMETHASONE with FRAMYCETIN SULFATE and GRAMICIDIN								
2781J NP	Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL	1	2	..	9.39	10.48	^a Otodex	AV
				^B 1.91	11.30	10.48	^a Sofradex	SW
TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN								
2971J NP	Ear drops 1 mg-2.5 mg (base)- 250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5 mL	1	2	..	11.09	12.18	^a Otocomb Otic	FM
				^B 1.95	13.04	12.18	^a Kenacomb Otic	QA
2974M NP	Ear ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5 g	1	2	..	8.18	9.27	^a Otocomb Otic	FM
				^B 1.95	10.13	9.27	^a Kenacomb Otic	QA

Ophthalmological and otological preparations

Antiinfectives

Antiinfectives

FRAMYCETIN SULFATE								
1440T NP,MW	Eye and ear drops 5 mg per mL (0.5%), 8 mL	1	2	..	10.11	11.20	Soframycin	SW

Various

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	
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Various

Allergens

Allergens

Allergen extracts

2886X	INSECT ALLERGEN EXTRACT—HONEY BEE VENOM							
	Injection set containing 550 micrograms	1	..	..	238.38	35.40	Albey Bee Venom	HL
2918N	INSECT ALLERGEN EXTRACT—PAPER WASP VENOM							
	Note Paper wasp venom is not European wasp venom.							
2918N	Injection set containing 550 micrograms	1	..	..	238.38	35.40	Albey Paper Wasp Venom	HL
2883R	INSECT ALLERGEN EXTRACT—YELLOW JACKET VENOM							
	Injection set containing 550 micrograms	1	..	..	238.38	35.40	Albey Yellow Jacket Venom	HL

All other therapeutic products

All other therapeutic products

Antidotes

1753G NP	NALOXONE HYDROCHLORIDE							
	Injection 2 mg in 5 mL	1	..	..	43.49	35.40	Naloxone Min-I-Jet	CS

Drugs for treatment of hyperkalemia and hyperphosphatemia

LANTHANUM

Authority required (STREAMLINED)

3546

Maintenance therapy, following initiation and stabilisation of treatment with lanthanum carbonate, of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L at the commencement of therapy;

3547

Maintenance therapy, following initiation and stabilisation of treatment with lanthanum carbonate, of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0 at the commencement of therapy.

Note

Not to be used in combination with sevelamer.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

9403X NP	Tablet, chewable, 500 mg (as carbonate hydrate)	90	5	..	305.87	35.40	Fosrenol	ZI
9404Y NP	Tablet, chewable, 750 mg (as carbonate hydrate)	90	5	..	449.42	35.40	Fosrenol	ZI
9405B NP	Tablet, chewable, 1000 mg (as carbonate hydrate)	90	5	..	504.03	35.40	Fosrenol	ZI

SEVELAMER HYDROCHLORIDE

Authority required (STREAMLINED)

3548

Maintenance therapy, following initiation and stabilisation of treatment with sevelamer hydrochloride, of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L at the commencement of therapy;

Various

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
3549							
Maintenance therapy, following initiation and stabilisation of treatment with sevelamer hydrochloride, of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0 at the commencement of therapy.							
<u>Note</u>							
Not to be used in combination with lanthanum.							
<u>Note</u>							
Shared Care Model:							
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.							
2142R NP	Tablet 800 mg	180	5	..	357.73	35.40	Renagel GZ

Detoxifying agents for antineoplastic treatment

CALCIUM FOLINATE								
8740B	Injection equivalent to 50 mg folinic acid in 5 mL	5	5	..	*146.07	35.40	^a Leucovorin Calcium (Hospira Pty Limited)	HH
				..	146.10	35.40	^a Calcium Folate Ebewe	SZ
				..	*147.04	35.40	^a Leucovorin Calcium (Pfizer Australia Pty Ltd)	PF
8812T	Injection equivalent to 100 mg folinic acid in 10 mL	10	1	..	*258.72	35.40	^a Calcium Folate Ebewe	SZ
				..	258.78	35.40	^a Leucovorin Calcium (Pfizer Australia Pty Ltd)	PF
8969C	Injection equivalent to 1000 mg folinic acid in 100 mL	1	1	..	258.72	35.40	Calcium Folate Ebewe	SZ
9041W	Injection equivalent to 300 mg folinic acid in 30 mL	4	1	..	*298.50	35.40	^a Calcium Folate Ebewe	SZ
							^a Leucovorin Calcium (Hospira Pty Limited)	HH

CALCIUM FOLINATE

Restricted benefit

Antidote to folic acid antagonists.

2308L	Tablet equivalent to 15 mg folinic acid	10	96.31	35.40	Leucovorin Calcium (Hospira Pty Limited)	HH
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MESNA

Restricted benefit

Adjunctive therapy for use with ifosfamide or high dose cyclophosphamide.

8078E	Solution for I.V. injection 400 mg in 4 mL	15	5	..	103.28	35.40	Uromitexan	BX
8079F	Solution for I.V. injection 1 g in 10 mL	15	5	..	223.81	35.40	Uromitexan	BX

Drugs for treatment of hypercalcemia

SODIUM ACID PHOSPHATE

Authority required (STREAMLINED)

1099

Familial hypophosphataemia;

1157

Hypercalcaemia;

1167

Hypophosphataemic rickets;

Various

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	
	1467 Vitamin D-resistant rickets.							
2946C NP	Compound effervescent tablet containing elemental phosphorus 500 mg, sodium 469 mg (20.4 mmol), potassium 123 mg (3.1 mmol)	100	5	..	81.63	35.40	Phosphate Sandoz	NV

Other therapeutic products

POLY-L-LACTIC ACID

Note

Authority applications to prescribe poly-L-lactic acid may be made by telephone to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial PBS-subsidised treatment, for facial administration only, of severe facial lipoatrophy caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Sanofi-Aventis is required to prescribe poly-L-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9475Q	Powder for injection 150 mg	2	4	..	*446.46	35.40	Sculptra	SW
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POLY-L-LACTIC ACID

Note

Authority applications to prescribe poly-L-lactic acid may be made by telephone to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Maintenance PBS-subsidised treatment, for facial administration only, of severe facial lipoatrophy caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Sanofi-Aventis is required to prescribe poly-L-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Maintenance treatment is limited to one re-treatment (maximum 2 vials) every 2 years.

9476R	Powder for injection 150 mg	2	*446.46	35.40	Sculptra	SW
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Diagnostic agents

Urine tests

GLUCOSE and KETONE INDICATOR—URINE

3106L NP	Test strips, 50	2	2	..	*17.30	18.39	Keto-Diabur- Test 5000	RD
3107M NP	Test strips, 50	2	2	..	*17.42	18.51	Keto-Diastix	BN

GLUCOSE and KETONE INDICATOR—URINE

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9254C	Test strips, 50	2	4	..	*17.30	18.39	Keto-Diabur- Test 5000	RD
9255D	Test strips, 50	2	4	..	*17.42	18.51	Keto-Diastix	BN

Various

					Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	\$	\$	Brand Name and Manufacturer	
GLUCOSE INDICATOR—URINE								
3104J NP	Test strips, 50	2	2	..	*19.82	20.91	Diastix	BN

GLUCOSE INDICATOR—URINE

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

9253B	Test strips, 50	2	4	..	*19.82	20.91	Diastix	BN
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Other diagnostic agents

Tests for diabetes

GLUCOSE INDICATOR—BLOOD								
2263D NP	Test strips, 50	2	5	..	*53.18	35.40	Optium Omega	MS
2860M NP	Test strips, 50	2	5	..	*53.18	35.40	Betachek G5	NA
2890D NP	Test strips, 50	2	5	..	*53.18	35.40	Betachek	NA
2891E NP	Test strips, 50	2	5	..	*53.18	35.40	Advantage II	RD
2914J NP	Test strips, 50	2	5	..	*45.90	35.40	Glucoflex-R	NA
2979T NP	Test strips, 100	†1	5	..	53.16	35.40	Accu-Chek Performa	RD
3406G NP	Test strips, 50	2	5	..	*53.18	35.40	CareSens N	LB
3411M NP	Test strips, 100	†1	5	..	53.16	35.40	Accu-Chek Advantage/Sens or Comfort	RD
3441D NP	Test strips, 50	2	5	..	*53.18	35.40	OneTouch Verio	JJ
5043K NP	Test strips, 50	2	5	..	*53.18	35.40	Accu-Chek Aviva	RD
5266E NP	Test strips, 50	2	5	..	*53.18	35.40	TRUEresult	NX
5267F NP	Test strips, 50	2	5	..	*53.18	35.40	TRUEbalance	NX
8190C NP	Test strips, 100	†1	5	..	53.16	35.40	Accu-Chek Active	RD
8522M NP	Test strips, 100	†1	5	..	53.16	35.40	FreeStyle Optium	MS
8723D NP	Test strips, 50	2	5	..	*53.18	35.40	Omnitest EZ	BR
8739Y NP	Test strips, 50	2	5	..	*53.18	35.40	Accu-Chek Go	RD
8749L NP	Test strips, 50	2	5	..	*53.18	35.40	GlucoOz	OZ
8759B NP	Test strips, 50	2	5	..	*53.18	35.40	CareSens	LB
8795X NP	Test strips, 50	2	5	..	*53.18	35.40	SensoCard	PX
8806L NP	Test strips, 51	2	5	..	*53.18	35.40	Accu-Chek Integra	RD
8825L NP	Test strips, 50	2	5	..	*53.18	35.40	TrueTrack	NX
9013J NP	Test strips, 50	2	5	..	*53.18	35.40	Glucocard 01 Sensor	OZ
9154T NP	Test strips, 100	†1	5	..	53.16	35.40	FreeStyle Lite	MS
9193W NP	Test strips, 25	4	5	..	*53.18	35.40	On-Call Plus	PZ

Various

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	
9298J NP	Test strips, 50	2	5	..	*53.18	35.40	Bionime Rightest	QB
9324R NP	Test strips, 50	2	5	..	*53.18	35.40	AgaMatrix Jazz	HE
9471L NP	Test strips, 50	2	5	..	*53.18	35.40	MyGlucoHealth	EH
9485F NP	Test strips, 50	2	5	..	*53.18	35.40	Lifeline Attest	OI

GLUCOSE INDICATOR—BLOOD

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

3407H	Test strips, 50	2	11	..	*53.18	35.40	CareSens N	LB
3412N	Test strips, 100	‡1	11	..	53.16	35.40	Accu-Chek Advantage/Sens or Comfort	RD
3442E	Test strips, 50	2	11	..	*53.18	35.40	OneTouch Verio	JJ
5053Y	Test strips, 50	2	11	..	*53.18	35.40	Accu-Chek Aviva	RD
5268G	Test strips, 50	2	11	..	*53.18	35.40	TRUEresult	NX
5269H	Test strips, 50	2	11	..	*53.18	35.40	TRUEbalance	NX
9256E	Test strips, 25	4	11	..	*53.18	35.40	On-Call Plus	PZ
9257F	Test strips, 100	‡1	11	..	53.16	35.40	Accu-Chek Performa	RD
9258G	Test strips, 50	2	11	..	*53.18	35.40	Advantage II	RD
9261K	Test strips, 50	2	11	..	*53.18	35.40	Glucocard 01 Sensor	OZ
9263M	Test strips, 50	2	11	..	*53.18	35.40	GlucoOz	OZ
9265P	Test strips, 50	2	11	..	*53.18	35.40	Omnitest EZ	BR
9267R	Test strips, 50	2	11	..	*53.18	35.40	Optium Omega	MS
9268T	Test strips, 50	2	11	..	*53.18	35.40	TrueTrack	NX
9269W	Test strips, 100	‡1	11	..	53.16	35.40	FreeStyle Lite	MS
9270X	Test strips, 100	‡1	11	..	53.16	35.40	FreeStyle Optium	MS
9273C	Test strips, 100	‡1	11	..	53.16	35.40	Accu-Chek Active	RD
9274D	Test strips, 50	2	11	..	*53.18	35.40	Accu-Chek Go	RD
9275E	Test strips, 51	2	11	..	*53.18	35.40	Accu-Chek Integra	RD
9276F	Test strips, 50	2	11	..	*53.18	35.40	Betachek	NA
9277G	Test strips, 50	2	11	..	*53.18	35.40	Betachek G5	NA
9278H	Test strips, 50	2	11	..	*53.18	35.40	CareSens	LB
9279J	Test strips, 50	2	11	..	*45.90	35.40	Glucoflex-R	NA
9281L	Test strips, 50	2	11	..	*53.18	35.40	SensoCard	PX
9297H	Test strips, 50	2	11	..	*53.18	35.40	Bionime Rightest	QB
9325T	Test strips, 50	2	11	..	*53.18	35.40	AgaMatrix Jazz	HE
9472M	Test strips, 50	2	11	..	*53.18	35.40	MyGlucoHealth	EH
9486G	Test strips, 50	2	11	..	*53.18	35.40	Lifeline Attest	OI

GLUCOSE INDICATOR—BLOOD

Restricted benefit

For use in patients on insulin therapy.

9300L NP	Test strips, 100	‡1	5	..	53.16	35.40	Accu-Chek Mobile	RD
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Various

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
GLUCOSE INDICATOR—BLOOD							
<u>Restricted benefit</u>							
For use in patients on insulin therapy who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
9301M	Test strips, 100	‡1	11	..	53.16	35.40	Accu-Chek Mobile RD

General nutrients

Other nutrients

TRIGLYCERIDES, MEDIUM CHAIN

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Authority required

Chylous ascites;

Chylothorax;

Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders;

Hyperlipoproteinaemia type 1;

Intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect, requiring a ketogenic diet;

Long chain fatty acid oxidation disorders.

3128P NP	Oil 500 mL	2	5	..	*52.38	35.40	MCT Oil	SB
9327X NP	Emulsion 250 mL	8	5	..	*214.42	35.40	Liquigen	SB

Fat/carbohydrates/proteins/minerals/vitamins, combinations

AMINO ACIDS—SYNTHETIC, FORMULA

Authority required

Initial treatment for up to 3 months, by a clinical immunologist, suitably qualified allergist or gastroenterologist in a patient 18 years of age or less with eosinophilic oesophagitis who requires an amino acid based formula as a component of a dietary elimination programme. Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

- (i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and
- (ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and
- (iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority.

Authority required

Continuing treatment by a clinical immunologist, suitably qualified allergist or gastroenterologist in a patient 18 years of age or less with eosinophilic oesophagitis who has responded to an initial course of PBS-subsidised treatment. Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

Note

Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

2250K NP	Compound powder 400 g	12	5	..	*531.66	35.40	EleCare	AB
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AMINO ACIDS—SYNTHETIC, FORMULA

Authority required

Initial treatment, for up to 3 months, for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child up to the age of 2 years. Combined intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free and

Various

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
	strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula. The date of birth of the patient must be included in the authority application;						
	Initial treatment, in consultation with a paediatric gastroenterologist or specialist allergist, for up to 3 months, of a child up to the age of 2 years with severe intolerance (not infant colic) to cows' milk protein. The date of birth of the patient must be included in the authority application.						
	Note						
	No applications for increased maximum quantities and/or repeats will be authorised.						
1180D NP	Compound powder 400 g	8	5	..	*361.14	35.40	Neocate Advance Vanilla SB
2244D NP	Compound powder 400 g	8	5	..	*361.14	35.40	Neocate Advance Tropical Flavour SB
8574G NP	Compound powder 400 g	8	5	..	*361.14	35.40	EleCare AB
8754R NP	Compound powder 400 g	8	5	..	*361.14	35.40	Neocate Advance SB

AMINO ACIDS—SYNTHETIC, FORMULA

Authority required

Continuing treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child up to the age of 2 years, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;

Treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child aged 2 years and over, where the child is assessed by a suitably qualified allergist or paediatrician at intervals not greater than 6 months. The date of birth of the patient must be included in the authority application;

Continuing treatment for severe intolerance (not infant colic) to cows' milk protein in a child up to the age of 2 years, where the child has been assessed by a paediatric gastroenterologist or specialist allergist and soy protein and protein hydrolysate formulae are not tolerated or not likely to be tolerated. The date of birth of the patient must be included in the authority application;

Treatment for severe intolerance (not infant colic) to cows' milk protein in a child aged 2 years and over, where the child is assessed by a paediatric gastroenterologist or specialist allergist at intervals not greater than 6 months. The date of birth of the patient must be included in the authority application;

Severe intestinal malabsorption including short bowel syndrome where protein hydrolysate formulae have failed;

Severe intestinal malabsorption including short bowel syndrome where the patient has been receiving parenteral nutrition.

Note

Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

1192R NP	Compound powder 400 g	8	5	..	*361.14	35.40	Neocate Advance Vanilla SB
2553J NP	Compound powder 400 g	8	5	..	*361.14	35.40	Neocate Advance Tropical Flavour SB
8575H NP	Compound powder 400 g	8	5	..	*361.14	35.40	EleCare AB
8755T NP	Compound powder 400 g	8	5	..	*361.14	35.40	Neocate Advance SB

AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS

Authority required

Initial treatment, for up to 3 months, for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child up to the age of 2 years. Combined intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula. The date of birth of the patient must be included in the authority application;

Initial treatment, in consultation with a paediatric gastroenterologist or specialist allergist, for up to 3 months, of a child up to the age of 2 years with severe intolerance (not infant colic) to cows' milk protein. The date of birth of the patient must be included in the authority application.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

2246F NP	Compound powder 400 g	8	5	..	*367.86	35.40	Neocate LCP SB
9339M NP	Compound powder 400 g	8	5	..	*367.86	35.40	EleCare LCP AB

Various

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
AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS							
<u>Authority required</u>							
Continuing treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child up to the age of 2 years, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;							
Treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child aged 2 years and over, where the child is assessed by a suitably qualified allergist or paediatrician at intervals not greater than 6 months. The date of birth of the patient must be included in the authority application;							
Continuing treatment for severe intolerance (not infant colic) to cows' milk protein in a child up to the age of 2 years, where the child has been assessed by a paediatric gastroenterologist or specialist allergist and soy protein and protein hydrolysate formulae are not tolerated or not likely to be tolerated. The date of birth of the patient must be included in the authority application;							
Treatment for severe intolerance (not infant colic) to cows' milk protein in a child aged 2 years and over, where the child is assessed by a paediatric gastroenterologist or specialist allergist at intervals not greater than 6 months. The date of birth of the patient must be included in the authority application;							
Severe intestinal malabsorption including short bowel syndrome where protein hydrolysate formulae have failed;							
Severe intestinal malabsorption including short bowel syndrome where the patient has been receiving parenteral nutrition.							
<u>Note</u>							
Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.							
2560R NP	Compound powder 400 g	8	5	..	*367.86	35.40	Neocate LCP SB
9340N NP	Compound powder 400 g	8	5	..	*367.86	35.40	EleCare LCP AB

AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS and MEDIUM CHAIN TRIGLYCERIDES

Authority required

Initial treatment, for up to 3 months, for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child up to the age of 2 years. Combined intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula. The date of birth of the patient must be included in the authority application;

Initial treatment, in consultation with a paediatric gastroenterologist or specialist allergist, for up to 3 months, of a child up to the age of 2 years with severe intolerance (not infant colic) to cows' milk protein. The date of birth of the patient must be included in the authority application.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

5466Q NP	Compound powder 400 g	8	5	..	*367.86	35.40	Neocate Gold SB
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AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS and MEDIUM CHAIN TRIGLYCERIDES

Authority required

Continuing treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child up to the age of 2 years, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application;

Treatment for combined intolerance (not infant colic) to cows' milk protein, soy protein and protein hydrolysate formulae in a child aged 2 years and over, where the child is assessed by a suitably qualified allergist or paediatrician at intervals not greater than 6 months. The date of birth of the patient must be included in the authority application;

Continuing treatment for severe intolerance (not infant colic) to cows' milk protein in a child up to the age of 2 years, where the child has been assessed by a paediatric gastroenterologist or specialist allergist and soy protein and protein hydrolysate formulae are not tolerated or not likely to be tolerated. The date of birth of the patient must be included in the authority application;

Treatment for severe intolerance (not infant colic) to cows' milk protein in a child aged 2 years and over, where the child is assessed by a paediatric gastroenterologist or specialist allergist at intervals not greater than 6 months. The date of birth of the patient must be included in the authority application;

Severe intestinal malabsorption including short bowel syndrome where protein hydrolysate formulae have failed;

Severe intestinal malabsorption including short bowel syndrome where the patient has been receiving parenteral nutrition.

Note

Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

5467R NP	Compound powder 400 g	8	5	..	*367.86	35.40	Neocate Gold SB
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Various

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
PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES							
<u>Note</u>							
No applications for increased maximum quantities and/or repeats will be authorised.							
<u>Authority required</u>							
Initial treatment, for up to 3 months, for intolerance (not infant colic) to both cows' milk protein and soy protein in a child up to the age of 2 years. Intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. The date of birth of the patient must be included in the authority application;							
Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in a child up to the age of 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides. The date of birth of the patient must be included in the authority application;							
Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in a child aged 2 years and over, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application.							
<u>Authority required</u>							
Initial treatment, in consultation with a paediatric gastroenterologist or specialist allergist, for up to 3 months, of a child up to the age of 2 years with severe intolerance (not infant colic) to cows' milk protein. The date of birth of the patient must be included in the authority application;							
Continuing treatment for severe intolerance (not infant colic) to cows' milk protein in a child up to the age of 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides and soy protein is not tolerated or is likely not to be tolerated. The date of birth of the patient must be included in the authority application;							
Continuing treatment for severe intolerance (not infant colic) to cows' milk protein in a child aged 2 years and over, where the child has been assessed by a paediatric gastroenterologist or specialist allergist. The date of birth of the patient must be included in the authority application.							
<u>Authority required</u>							
Biliary atresia;							
Chronic liver failure with fat malabsorption;							
Chylous ascites;							
Chylothorax;							
Cystic fibrosis;							
Enterokinase deficiency;							
Proven fat malabsorption;							
Severe diarrhoea of greater than 2 weeks' duration in an infant aged less than 4 months. The date of birth of the patient must be included in the authority application;							
Severe intestinal malabsorption including short bowel syndrome.							
2676W NP	Compound powder 400 g	8	5	..	*171.94	35.40	Alfaré NT

PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Authority required

Initial treatment, for up to 3 months, for intolerance (not infant colic) to both cows' milk protein and soy protein in a child up to the age of 2 years. Intolerance is demonstrated when the child has failed to respond to a strict cows' milk protein free diet with a soy protein as the principal formula. The date of birth of the patient must be included in the authority application;

Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in a child up to the age of 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides. The date of birth of the patient must be included in the authority application;

Continuing treatment for intolerance (not infant colic) to both cows' milk protein and soy protein in a child aged 2 years and over, where the child has been assessed by a suitably qualified allergist or paediatrician. The date of birth of the patient must be included in the authority application.

Authority required

Initial treatment, in consultation with a paediatric gastroenterologist or specialist allergist, for up to 3 months, of a child up to the age of 2 years with severe intolerance (not infant colic) to cows' milk protein. The date of birth of the patient must be included in the authority application;

Continuing treatment for severe intolerance (not infant colic) to cows' milk protein in a child up to the age of 2 years, where clinical improvement has been demonstrated with the protein hydrolysate formula with medium chain triglycerides and soy protein is not tolerated or is likely not to be tolerated. The date of birth of the patient must be included in the authority application;

Continuing treatment for severe intolerance (not infant colic) to cows' milk protein in a child aged 2 years and over, where the child has been assessed by a paediatric gastroenterologist or specialist allergist. The date of birth of the patient must be included in the authority application.

Authority required

Biliary atresia;

Various

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	
	Chronic liver failure with fat malabsorption; Chylous ascites; Cystic fibrosis; Enterokinase deficiency; Proven fat malabsorption; Severe diarrhoea of greater than 2 weeks' duration in an infant aged less than 4 months. The date of birth of the patient must be included in the authority application; Severe intestinal malabsorption including short bowel syndrome.							
8259Q NP	Compound powder 450 g	8	5	..	*109.86	35.40	Karicare Aptamil Pepti-Junior Gold	NU

TRIGLYCERIDES—MEDIUM CHAIN, FORMULA

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Restricted benefit

Chylous ascites;

Chylothorax;

Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders;

Hyperlipoproteinaemia type 1;

Long chain fatty acid oxidation disorders.

Note

Monogen is not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

8478F NP	Compound powder 400 g	8	5	..	*421.30	35.40	Monogen	SB
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TRIGLYCERIDES—MEDIUM CHAIN, FORMULA

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Restricted benefit

Chylous ascites;

Chylothorax;

Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders.

Note

Caprilon is not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet, long chain fatty acid oxidation disorders or hyperlipoproteinaemia type 1.

8629E NP	Compound powder 420 g	8	5	..	*467.46	35.40	Caprilon	SB
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Carbohydrates

AMYLOPECTIN, MODIFIED LONG CHAIN

Restricted benefit

Glycogen storage disease.

9386B NP	Sachets 60 g, 30	4	5	..	*752.30	35.40	Glycosade	VF
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Milk substitutes

MILK POWDER—LACTOSE FREE FORMULA

Authority required

Acute lactose intolerance in infants up to the age of 12 months. The date of birth of the patient must be included in the authority application.

Note

No applications for increased maximum quantities and/or repeats will be authorised. No more than 1 application per patient will be authorised.

Various

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	
2350Q NP	Lactose-predigested powder infant formula 900 g	5	..	..	*88.92	35.40	Karicare Aptamil De-Lact	NU
8282X NP	Infant formula powder 900 g	5	..	..	*112.87	35.40	S-26 LF	PF

MILK POWDER—LACTOSE FREE FORMULA

Authority required

Proven chronic lactose intolerance in infants up to the age of 12 months. The date of birth of the patient must be included in the authority application. Lactose intolerance must have been proven by either:

- (a) relief of symptoms on supervised withdrawal of lactose from the diet for 3 or 4 days and subsequent re-emergence of symptoms on rechallenge with lactose containing formulae or milk or food; or
- (b) not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet; or
- (c) hydrogen breath test.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

2349P NP	Lactose-predigested powder infant formula 900 g	5	5	..	*88.92	35.40	Karicare Aptamil De-Lact	NU
8283Y NP	Infant formula powder 900 g	5	5	..	*112.87	35.40	S-26 LF	PF

MILK POWDER—LACTOSE MODIFIED

Authority required

Acute lactose intolerance in children aged 1 year and over. The date of birth of the patient must be included in the authority application.

Note

No applications for increased maximum quantities and/or repeats will be authorised. No more than 1 application per patient will be authorised.

2358D NP	Lactose-predigested powder 900 g	3	1	..	*72.81	35.40	Digestelact	SJ
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MILK POWDER—LACTOSE MODIFIED

Authority required

Proven chronic lactose intolerance in children aged 1 year and over who are significantly malnourished. The date of birth of the patient must be included in the authority application. Lactose intolerance must have been proven by either:

- (a) relief of symptoms on supervised withdrawal of lactose from the diet for 3 or 4 days and subsequent re-emergence of symptoms on rechallenge with lactose containing formulae or milk or food; or
- (b) not less than 0.5% reducing substance in stool exudate tested with copper sulfate diagnostic compound tablet; or
- (c) hydrogen breath test.

Note

No applications for increased maximum quantities and/or repeats will be authorised.

2357C NP	Lactose-predigested powder 900 g	3	10	..	*72.81	35.40	Digestelact	SJ
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MILK POWDER—SYNTHETIC

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Authority required

Hypercalcaemia in children under the age of 4 years.

3092R NP	Low calcium compound powder 400 g	8	5	..	*381.38	35.40	Locasol	SB
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Other combinations of nutrients

AMINO ACID FORMULA with FAT, CARBOHYDRATE, VITAMINS, MINERALS, and TRACE ELEMENTS, without METHIONINE and supplemented with DOCOSAHEXANOIC ACID

Restricted benefit

Pyridoxine non-responsive homocystinuria.

3417W NP	Oral liquid 125 mL, 36	4	5	..	*2507.98	35.40	HCU Anamix junior LQ	SB
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Various

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	
AMINO ACID FORMULA with FAT, CARBOHYDRATE, VITAMINS, MINERALS and TRACE ELEMENTS without PHENYLALANINE and TYROSINE, and supplemented with DOCOSAHEXANOIC ACID								
<u>Restricted benefit</u>								
Tyrosinaemia.								
9330C NP	Oral liquid 125 mL, 36	4	5	..	*2507.98	35.40	TYR Anamix junior LQ	SB
AMINO ACID FORMULA without PHENYLALANINE								
<u>Restricted benefit</u>								
Phenylketonuria.								
2347M NP	Sachets containing powder 20 g, 30	7	5	..	*1462.91	35.40	Phlexy-10 Drink Mix	SB
8554F NP	Capsules 500 mg, 200	16	5	..	*1276.34	35.40	Phlexy-10	SB
8678R NP	Tablets 1 g, 75	24	5	..	*1426.98	35.40	Phlexy-10	SB
AMINO ACID FORMULA with VITAMINS, MINERALS and LONG CHAIN POLYUNSATURATED FATTY ACIDS without PHENYLALANINE								
<u>Restricted benefit</u>								
Phenylketonuria.								
8479G NP	Infant formula, powder 400 g	8	5	..	*703.62	35.40	PKU Anamix infant	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without LYSINE and low in TRYPTOPHAN								
<u>Restricted benefit</u>								
A child aged from 6 months up to 10 years with proven glutaric aciduria type 1.								
9438R NP	Sachets 24 g, 30	4	5	..	*2114.38	35.40	GA gel	VF
AMINO ACID FORMULA with VITAMINS and MINERALS without LYSINE and low in TRYPTOPHAN								
<u>Restricted benefit</u>								
An infant or young child with proven glutaric aciduria type 1.								
2650L NP	Infant formula, powder 400 g	8	5	..	*769.30	35.40	GA1 Anamix infant	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without LYSINE and low in TRYPTOPHAN								
<u>Restricted benefit</u>								
A child aged less than 9 years with proven glutaric aciduria type 1.								
2646G NP	Powder 500 g	8	5	..	*1784.74	35.40	XLYS, LOW TRY Maxamaid	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without LYSINE and low in TRYPTOPHAN								
<u>Restricted benefit</u>								
A patient aged 3 years or older with proven glutaric aciduria type 1.								
5484P NP	Sachets 25 g, 30	4	5	..	*3154.42	35.40	GA express	VF
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE								
<u>Restricted benefit</u>								
For infants and very young children with pyridoxine non-responsive homocystinuria.								
8417B NP	Infant formula, powder 400 g	8	5	..	*769.30	35.40	HCU Anamix infant	SB

Various

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	
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE								
<u>Restricted benefit</u>								
Pyridoxine non-responsive homocystinuria.								
8328H NP	Powder 500 g	8	5	..	*1784.74	35.40	XMET Maxamaid	SB
8416Y NP	Powder 500 g	8	5	..	*2704.74	35.40	XMET Maxamum	SB
8677Q NP	Sachets 24 g, 30	4	5	..	*2114.38	35.40	HCU gel	VF
8744F NP	Sachets 25 g, 30	4	5	..	*3098.38	35.40	HCU express	VF
9133Q NP	Oral liquid 130 mL, 30	4	5	..	*3098.38	35.40	HCU Cooler	VF
AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE								
<u>Restricted benefit</u>								
Methylmalonic acidemia;								
Propionic acidemia.								
3443F NP	Sachets 25 g, 30	4	5	..	*3098.38	35.40	MMA/PA express	VF
3444G NP	Sachets 24 g, 30	4	5	..	*2114.38	35.40	MMA/PA gel	VF
8058D NP	Infant formula, powder 400 g	8	5	..	*769.30	35.40	MMA/PA Anamix infant	SB
8059E NP	Powder 500 g	8	5	..	*1784.74	35.40	XMTVI Maxamaid	SB
8061G NP	Powder 500 g	8	5	..	*2704.74	35.40	XMTVI Maxamum	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE								
<u>Restricted benefit</u>								
Phenylketonuria.								
1411G NP	Sachets 18.2 g, 60	3	5	..	*1640.07	35.40	add-ins	SB
2382J NP	Oral liquid 87 mL, 30	4	5	..	*1034.78	35.40	PKU Cooler 10	VF
2474F NP	Oral liquid 174 mL, 30	4	5	..	*2054.02	35.40	PKU Cooler 20	VF
2738D NP	Powder 500 g	8	5	..	*884.02	35.40	XP Maxamaid	SB
2739E NP	Powder 500 g	8	5	..	*1352.42	35.40	XP Maxamum	SB
5483N NP	Oral gel 85 g, 30	4	5	..	*1058.62	35.40	PKU squeezie	VF
8545R NP	Powder 400 g	8	5	..	*848.58	35.40	Phenex-2	AB
8555G NP	Sachets 24 g, 30	4	5	..	*1058.62	35.40	PKU gel	VF
8591E NP	Sachets 25 g, 30	4	5	..	*1549.14	35.40	PKU-Express	VF
8613H NP	Sachets 29 g, 30	4	5	..	*892.10	35.40	PKU Anamix Junior	SB
8727H NP	Sachets 50 g, 30	3	5	..	*1512.06	35.40	XP Maxamum	SB
8746H NP	Oral liquid 250 mL	90	5	..	*1313.27	35.40	Easiphen	SB
8804J NP	Sachets 27.8 g, 30	3	5	..	*1549.44	35.40	Lophlex	SB
8846N NP	Oral liquid 130 mL, 30	4	5	..	*1548.34	35.40	PKU Cooler 15	VF
9021T NP	Oral liquid 125 mL, 30	3	5	..	*1549.44	35.40	PKU Lophlex LQ 20	SB
9396M NP	Oral liquid 125 mL, 36	4	5	..	*1269.86	35.40	PKU Anamix Junior LQ	SB
9397N	Oral liquid 62.5 mL, 60	2	5	..	*1059.36	35.40	PKU Lophlex LQ 10	SB

Various

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	
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE								
<u>Restricted benefit</u>								
Tyrosinaemia.								
3078B NP	Powder 500 g	8	5	..	*2704.74	35.40	XPhen, Tyr Maxamum	SB
8445L NP	Infant formula, powder 400 g	8	5	..	*769.30	35.40	TYR Anamix infant	SB
8446M NP	Powder 500 g	8	5	..	*1784.74	35.40	XPhen, Tyr Maxamaid	SB
8631G NP	Sachets 24 g, 30	4	5	..	*2114.38	35.40	TYR gel	VF
8667E NP	Sachets 25 g, 30	4	5	..	*3098.38	35.40	TYR Express	VF
9132P NP	Oral liquid 130 mL, 30	4	5	..	*3098.38	35.40	TYR Cooler	VF
9395L NP	Sachets 29 g, 30	4	5	..	*1800.46	35.40	TYR Anamix Junior	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE								
<u>Restricted benefit</u>								
Maple syrup urine disease.								
2375B NP	Oral liquid 130 mL, 30	4	5	..	*3098.38	35.40	MSUD Cooler	VF
2380G NP	Infant formula, powder 400 g	8	5	..	*769.30	35.40	MSUD Anamix infant	SB
8057C NP	Powder 500 g	8	5	..	*2704.74	35.40	MSUD Maxamum	SB
8260R NP	Powder 500 g	8	5	..	*1784.74	35.40	MSUD Maxamaid	SB
8310J NP	Powder 500 g	4	5	..	*2671.98	35.40	MSUD AID III	SB
8592F NP	Sachets 24 g, 30	4	5	..	*2114.38	35.40	MSUD gel	VF
8632H NP	Sachets 25 g, 30	4	5	..	*3098.38	35.40	MSUD Express	VF
8745G NP	Sachets 29 g, 30	4	5	..	*1800.46	35.40	MSUD Anamix Junior	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE with FAT, CARBOHYDRATE and TRACE ELEMENTS and supplemented with DOCOSAHEXANOIC ACID								
<u>Restricted benefit</u>								
Maple syrup urine disease.								
9499Y NP	Oral liquid 125 mL, 36	4	5	..	*2507.98	35.40	MSUD Anamix Junior LQ	SB
ARGININE with CARBOHYDRATE								
<u>Restricted benefit</u>								
Urea cycle disorders.								
<u>Note</u>								
Arginine with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.								
5482M NP	Sachets 4 g containing 2 g arginine, 30	4	5	..	*770.82	35.40	Arginine 2000 Amino Acid Supplement	VF
9437Q NP	Sachets 4 g containing 500 mg arginine, 30	4	5	..	*516.02	35.40	Arginine Amino Acid Supplement	VF

CARBOHYDRATE, FAT, VITAMINS, MINERALS and TRACE ELEMENTS

Restricted benefit

Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.

Various

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	
8369L NP	Powder 400 g	8	5	..	*318.18	35.40	Energivit	SB
CITRULLINE with CARBOHYDRATE								
<u>Restricted benefit</u>								
Urea cycle disorders in order to prevent low plasma arginine or citrulline levels.								
<u>Note</u>								
Citrulline with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.								
5481L NP	Sachets 4 g containing 1 g citrulline, 30	4	5	..	*516.02	35.40	Citrulline 1000 Amino Acid Supplement	VF
CYSTINE with CARBOHYDRATE								
<u>Restricted benefit</u>								
Pyridoxine non-responsive homocystinuria.								
9164H NP	Sachets 4 g containing 500 mg cystine, 30	4	5	..	*516.02	35.40	Cystine Amino Acid Supplement	VF
ESSENTIAL AMINO ACIDS FORMULA								
<u>Restricted benefit</u>								
Gyrate atrophy of the choroid and retina;								
Urea cycle disorders.								
9329B NP	Powder 200 g	6	5	..	*1200.54	35.40	Essential Amino Acid Mix	SB
ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C								
<u>Restricted benefit</u>								
Gyrate atrophy of the choroid and retina;								
Urea cycle disorders.								
2027Q NP	Powder 400 g	5	5	..	*634.17	35.40	Dialamine	SB
ESSENTIAL AMINO ACIDS FORMULA with VITAMINS and MINERALS								
<u>Restricted benefit</u>								
Gyrate atrophy of the choroid and retina;								
Urea cycle disorders.								
9385Y NP	Sachets 12.5 g, 50	4	5	..	*1516.50	35.40	EAA Supplement	VF
HIGH FAT FORMULA with VITAMINS, MINERALS and TRACE ELEMENTS and low in PROTEIN and CARBOHYDRATE								
<u>Restricted benefit</u>								
Patients with intractable seizures requiring treatment with a ketogenic diet;								
Glucose transport protein defects;								
Pyruvate dehydrogenase deficiency.								
<u>Note</u>								
KetoCal should only be used under strict supervision of a dietician, together with a metabolic physician and/or neurologist.								
<u>Note</u>								
Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.								
9446E NP	Powder 300 g	24	5	..	*1037.46	35.40	KetoCal	SB
ISOLEUCINE with CARBOHYDRATE								
<u>Restricted benefit</u>								
Maple syrup urine disease.								
9134R	Sachets 4 g containing 50 mg isoleucine, 30	4	5	..	*516.02	35.40	Isoleucine Amino	VF

Various

					Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	\$	\$	Brand Name and Manufacturer	
NP							Acid Supplement	
9436P	Sachets 4 g containing 1 g isoleucine, 30	4	5	..	*566.98	35.40	Isoleucine 1000	VF
NP							Amino Acid Supplement	

MILK PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE

Restricted benefit

Patients with intractable seizures requiring treatment with a ketogenic diet;

Glucose transport protein defects;

Pyruvate dehydrogenase deficiency;

Infants and young children with glucose-galactose intolerance and multiple monosaccharide intolerance.

8630F NP	Powder 225 g	24	5	..	*648.42	35.40	Carbohydrate Free Mixture	SB
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PHENYLALANINE with CARBOHYDRATE

Restricted benefit

Tyrosinaemia.

9384X NP	Sachets 4 g containing 50 mg phenylalanine, 30	4	5	..	*516.02	35.40	Phenylalanine Amino Acid Supplement	VF
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SOY PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE

Restricted benefit

Patients with intractable seizures requiring treatment with a ketogenic diet;

Glucose transport protein defects;

Pyruvate dehydrogenase deficiency;

Infants and young children with glucose-galactose intolerance and multiple monosaccharide intolerance.

8577K NP	Liquid 384 mL	120	5	..	*670.02	35.40	RCF	AB
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TRIGLYCERIDES, LONG CHAIN with GLUCOSE POLYMER

Restricted benefit

Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.

9308X NP	Oral liquid 250 mL, 18	6	5	..	*339.78	35.40	ProZero	VF
9309Y NP	Oral liquid 1 L, 6	4	5	..	*304.02	35.40	ProZero	VF

TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER

Restricted benefit

Patients with proven inborn errors of protein metabolism who are unable to meet their energy requirements with permitted food and formulae.

3136C NP	Compound powder 400 g	8	5	..	*295.54	35.40	Duocal	SB
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TRIGLYCERIDES—MEDIUM CHAIN, FORMULA

Note

No applications for increased maximum quantities and/or repeats will be authorised.

Authority required

Chylous ascites;

Chyllothorax;

Fat malabsorption due to liver disease, short gut syndrome, cystic fibrosis and gastrointestinal disorders;

Hyperlipoproteinaemia type 1;

Long chain fatty acid oxidation disorders.

Note

MCT Pro-Cal is not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Various

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	
9383W NP	Sachets 16 g, 30	4	5	..	*253.62	35.40	MCT Pro-Cal	VF
TYROSINE with CARBOHYDRATE								
<u>Restricted benefit</u>								
Phenylketonuria.								
9165J NP	Sachets 4 g containing 1 g tyrosine, 30	4	5	..	*516.02	35.40	Tyrosine Amino Acid Supplement	VF
VALINE with CARBOHYDRATE								
<u>Restricted benefit</u>								
Maple syrup urine disease.								
9135T NP	Sachets 4 g containing 50 mg valine, 30	4	5	..	*516.02	35.40	Valine Amino Acid Supplement	VF
9434M NP	Sachets 4 g containing 1 g valine, 30	4	5	..	*566.98	35.40	Valine 1000 Amino Acid Supplement	VF
VITAMINS, MINERALS and TRACE ELEMENTS with CARBOHYDRATE								
<u>Authority required</u>								
Infants and children whose vitamin and mineral intake is insufficient due to a specific diagnosis requiring a highly restrictive therapeutic diet, and whose vitamin, mineral and trace element needs cannot be adequately met with other proprietary vitamin and mineral preparations.								
<u>Note</u>								
Paediatric Seravit should only be used under strict supervision of a dietitian and a paediatrician.								
9328Y NP	Powder 200 g	6	5	..	*390.42	35.40	Paediatric Seravit	SB
WHEY PROTEIN FORMULA supplemented with AMINO ACIDS, LONG CHAIN POLYUNSATURATED FATTY ACIDS, VITAMINS and MINERALS, and low in PROTEIN, PHOSPHATE, POTASSIUM and LACTOSE								
<u>Authority required</u>								
Infants and young children with chronic renal failure requiring treatment with a low protein and a low phosphorus diet, or a low protein, a low phosphorus and a low potassium diet.								
9382T NP	Sachets 100 g, 10	9	5	..	*1485.57	35.40	RenaStart	VF
WHEY PROTEIN FORMULA supplemented with AMINO ACIDS, VITAMINS and MINERALS, and low in PROTEIN, PHOSPHATE, POTASSIUM and LACTOSE								
<u>Authority required</u>								
Infants and young children with chronic renal failure requiring treatment with a low protein and a low phosphorus diet, or a low protein, a low phosphorus and a low potassium diet.								
8587Y NP	Powder 400 g	16	5	..	*1065.94	35.40	Kindergen	SB

All other non-therapeutic products

All other non-therapeutic products

Solvents and diluting agents, incl. irrigating solutions

2026P NP	SODIUM CHLORIDE Injection 9 mg per mL (0.9%), 10 mL	5	1	..	8.12	9.21	Pfizer Australia Pty Ltd	PF
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Pharmaceutical Benefits for Palliative Care

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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

Alimentary tract and metabolism

Stomatological preparations

Stomatological preparations

Other agents for local oral treatment

BENZYDAMINE HYDROCHLORIDE

Authority required (STREAMLINED)

3634

Initial supply, for up to 4 months, for a palliative care patient where a painful mouth is a problem.

5385K NP	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	£1	3	..	22.26	23.35	Difflam	IA
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BENZYDAMINE HYDROCHLORIDE

Authority required (STREAMLINED)

3635

Continuing supply for a palliative care patient where a painful mouth is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5386L NP	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	£1	22.26	23.35	Difflam	IA
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CARMELLOSE SODIUM

Authority required (STREAMLINED)

3636

Initial supply, for up to 4 months, for a palliative care patient where dry mouth is a symptom.

5333Q NP	Mouth spray 10 mg per mL, 25 mL	£1	3	..	10.79	11.88	Aquae	VT
5334R NP	Mouth spray 10 mg per mL, 100 mL	£1	3	..	12.46	13.55	Aquae	VT

CARMELLOSE SODIUM

Authority required (STREAMLINED)

3637

Continuing supply for a palliative care patient where dry mouth is a symptom.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5335T NP	Mouth spray 10 mg per mL, 25 mL	£1	..	..	10.79	11.88	Aquae	VT
5336W NP	Mouth spray 10 mg per mL, 100 mL	£1	..	..	12.46	13.55	Aquae	VT

HYPROMELLOSE

Authority required (STREAMLINED)

3636

Initial supply, for up to 4 months, for a palliative care patient where dry mouth is a symptom.

5421H NP	Oral gel 20 mg per g, 100 g	£1	3	..	12.65	13.74	Aquae Gel	VT
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PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE

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
HYPROMELLOSE							
<u>Authority required (STREAMLINED)</u>							
3637							
Continuing supply for a palliative care patient where dry mouth is a symptom.							
<u>Note</u>							
Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.							
5422J NP	Oral gel 20 mg per g, 100 g	‡1	..	..	12.65	13.74	Aquae Gel VT

Drugs for functional gastrointestinal disorders

Belladonna and derivatives, plain

Belladonna alkaloids semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE

Authority required (STREAMLINED)

3638

Initial supply, for up to 4 months, for a palliative care patient where colicky pain is a symptom.

5317W NP	Injection 20 mg in 1 mL	30	3	..	*108.54	35.40	Buscopan BY
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HYOSCINE BUTYLBROMIDE

Authority required (STREAMLINED)

3639

Continuing supply for a palliative care patient where colicky pain is a symptom.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5318X NP	Injection 20 mg in 1 mL	30	*108.54	35.40	Buscopan BY
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Antiemetics and antinauseants

Antiemetics and antinauseants

Other antiemetics

PROMETHAZINE HYDROCHLORIDE

Authority required (STREAMLINED)

3640

Initial supply, for up to 4 months, for a palliative care patient where nausea and/or vomiting is a problem.

5325G NP	Tablet 10 mg	50	3	..	14.67	15.76	Phenergan SW
5326H NP	Tablet 25 mg	50	3	..	16.76	17.85	Phenergan SW
5327J NP	Oral liquid 5 mg per 5 mL, 100 mL	‡1	3	..	15.34	16.43	Phenergan SW

PROMETHAZINE HYDROCHLORIDE

Authority required (STREAMLINED)

3641

Continuing supply for a palliative care patient where nausea and/or vomiting is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5328K NP	Tablet 10 mg	50	14.67	15.76	Phenergan SW
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PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE

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	
5329L NP	Tablet 25 mg	50	..	..	16.76	17.85	Phenergan	SW
5330M NP	Oral liquid 5 mg per 5 mL, 100 mL	1	..	..	15.34	16.43	Phenergan	SW

Laxatives

Laxatives

Contact laxatives

BISACODYL

Authority required (STREAMLINED)

3642

Initial supply, for up to 4 months, for a palliative care patient where constipation is a problem.

5301B NP	Tablet 5 mg	200	3	..	14.11	15.20	Bisalax	AS
							Lax-Tab	AE
5303D NP	Suppositories 10 mg, 10	3	3	..	*20.94	22.03 ^a	Petrus Bisacodyl Suppositories	PP
				^B 1.50	*22.44	22.03 ^a	Dulcolax	BY
5304E NP	Suppositories 10 mg, 12	3	3	..	*18.33	19.42	Petrus Bisacodyl Suppositories	PP

BISACODYL

Authority required (STREAMLINED)

3643

Continuing supply for a palliative care patient where constipation is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5305F NP	Tablet 5 mg	200	..	..	14.11	15.20	Bisalax	AS
							Lax-Tab	AE
5307H NP	Suppositories 10 mg, 10	3	..	..	*20.94	22.03 ^a	Petrus Bisacodyl Suppositories	PP
				^B 1.50	*22.44	22.03 ^a	Dulcolax	BY
5308J NP	Suppositories 10 mg, 12	3	..	..	*18.33	19.42	Petrus Bisacodyl Suppositories	PP

Bulk producers

STERCULIA with FRANGULA BARK

Authority required (STREAMLINED)

3642

Initial supply, for up to 4 months, for a palliative care patient where constipation is a problem.

5322D NP	Granules 620 mg-80 mg per g (62%-8%), 500 g	1	3	..	26.37	27.46	Normacol Plus	NE
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STERCULIA with FRANGULA BARK

Authority required (STREAMLINED)

3643

Continuing supply for a palliative care patient where constipation is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5324F NP	Granules 620 mg-80 mg per g (62%-8%), 500 g	1	26.37	27.46	Normacol Plus	NE
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PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE

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
<i>Osmotically acting laxatives</i>							
LACTULOSE							
<u>Authority required (STREAMLINED)</u>							
3642							
Initial supply, for up to 4 months, for a palliative care patient where constipation is a problem.							
5387M NP	Mixture 3.34 g per 5 mL, 500 mL	3	3	..	*23.19	24.28	^a Actilax AF
							^a Genlac QA
							^a GenRx Lactulose GX
							^a Lac-Dol GM
							^a Lactocur SZ
				^B 3.60	*26.79	24.28	^a Duphalac AB
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LACTULOSE							
<u>Authority required (STREAMLINED)</u>							
3643							
Continuing supply for a palliative care patient where constipation is a problem.							
<u>Note</u>							
Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.							
5388N NP	Mixture 3.34 g per 5 mL, 500 mL	3	..	..	*23.19	24.28	^a Actilax AF
							^a Genlac QA
							^a GenRx Lactulose GX
							^a Lac-Dol GM
							^a Lactocur SZ
				^B 3.60	*26.79	24.28	^a Duphalac AB
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MACROGOL 3350							
<u>Authority required (STREAMLINED)</u>							
3642							
Initial supply, for up to 4 months, for a palliative care patient where constipation is a problem.							
5389P NP	Sachets containing powder for solution 13.125 g with electrolytes, 30	2	3	..	*34.68	35.40	Movicol NE
5426N NP	Powder for oral solution 510 g	2	3	..	*34.68	35.40	^a MediHealth ClearLax ON
							^a OsmoLax KY
							^a your pharmacy Clear Laxative OY
<hr/>							
MACROGOL 3350							
<u>Authority required (STREAMLINED)</u>							
3643							
Continuing supply for a palliative care patient where constipation is a problem.							
<u>Note</u>							
Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.							
5390Q NP	Sachets containing powder for solution 13.125 g with electrolytes, 30	2	..	..	*34.68	35.40	Movicol NE
5427P NP	Powder for oral solution 510 g	2	..	..	*34.68	35.40	^a MediHealth ClearLax ON
							^a OsmoLax KY
							^a your pharmacy Clear Laxative OY

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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	
Enemas								
BISACODYL								
<u>Authority required (STREAMLINED)</u>								
3642								
Initial supply, for up to 4 months, for a palliative care patient where constipation is a problem.								
5302C NP	Enemas 10 mg in 5 mL, 25	1	3	..	37.94	35.40	Bisalax	AS
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BISACODYL								
<u>Authority required (STREAMLINED)</u>								
3643								
Continuing supply for a palliative care patient where constipation is a problem.								
<u>Note</u>								
Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.								
5306G NP	Enemas 10 mg in 5 mL, 25	1	..	..	37.94	35.40	Bisalax	AS
 SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE								
<u>Authority required (STREAMLINED)</u>								
3642								
Initial supply, for up to 4 months, for a palliative care patient where constipation is a problem.								
5331N NP	Enemas 3.125 g-450 mg-45 mg in 5 mL, 12	2	3	..	*32.28	33.37	^a Micolette	AE
							^a Microlax	JT
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SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE								
<u>Authority required (STREAMLINED)</u>								
3643								
Continuing supply for a palliative care patient where constipation is a problem.								
<u>Note</u>								
Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.								
5332P NP	Enemas 3.125 g-450 mg-45 mg in 5 mL, 12	2	..	..	*32.28	33.37	^a Micolette	AE
							^a Microlax	JT

Peripheral opioid receptor antagonists

METHYLNALTREXONE

Authority required

Initial supply, in combination with oral laxatives, for a palliative care patient with opioid-induced constipation who has failed to respond to laxatives.

Note

No applications for repeats will be authorised.

Note

Special Pricing Arrangements apply.

5423K NP	Solution for injection containing methylnaltrexone bromide 12 mg in 0.6 mL	3	*130.59	35.40	Relistor	LM
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METHYLNALTREXONE

Authority required

Continuing supply, in combination with oral laxatives, for a palliative care patient with opioid-induced constipation who has demonstrated a response to methylnaltrexone.

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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
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Note

For first continuing supply, applications for increased repeats may be authorised.

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats may be authorised.

Note

Special Pricing Arrangements apply.

5424L NP	Solution for injection containing methylnaltrexone bromide 12 mg in 0.6 mL	7	287.84	35.40	Relistor	LM
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Other laxatives**GLYCEROL****Authority required (STREAMLINED)****3642**

Initial supply, for up to 4 months, for a palliative care patient where constipation is a problem.

5311M NP	Suppositories 700 mg (for infants), 12	3	3	..	*19.47	20.56	Petrus Pharmaceuticals Pty Ltd	PP
5312N NP	Suppositories 1.4 g (for children), 12	3	3	..	*19.89	20.98	Petrus Pharmaceuticals Pty Ltd	PP
5313P NP	Suppositories 2.8 g (for adults), 12	3	3	..	*20.40	21.49	Petrus Pharmaceuticals Pty Ltd	PP

GLYCEROL**Authority required (STREAMLINED)****3643**

Continuing supply for a palliative care patient where constipation is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5314Q NP	Suppositories 700 mg (for infants), 12	3	..	..	*19.47	20.56	Petrus Pharmaceuticals Pty Ltd	PP
5315R NP	Suppositories 1.4 g (for children), 12	3	..	..	*19.89	20.98	Petrus Pharmaceuticals Pty Ltd	PP
5316T NP	Suppositories 2.8 g (for adults), 12	3	..	..	*20.40	21.49	Petrus Pharmaceuticals Pty Ltd	PP

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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
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Musculo-skeletal system

Antiinflammatory and antirheumatic products

Antiinflammatory and antirheumatic products, non-steroids

Acetic acid derivatives and related substances

DICLOFENAC SODIUM

Authority required (STREAMLINED)

3645

Initial supply, for up to 4 months, for a palliative care patient where severe pain is a problem.

5361E NP	Tablet 25 mg (enteric coated)	100	3	..	*12.74	13.83	^a APO-Diclofenac	TX
							^a Chem mart	CH
							^a Diclofenac	
							^a Clonac 25	QA
							^a Diclofenac-GA	GM
							^a Diclofenac Sandoz	SZ
							^a Fenac 25	AF
							^a Terry White Chemists	TW
							^a Diclofenac	
				^B 2.32	*15.06	13.83	^a Voltaren 25	NV
5362F NP	Tablet 50 mg (enteric coated)	50	3	..	10.82	11.91	^a APO-Diclofenac	TX
							^a Chem mart	CH
							^a Diclofenac	
							^a Clonac 50	QA
							^a Diclofenac-GA	GM
							^a Diclofenac Sandoz	SZ
							^a Fenac	AF
							^a Terry White Chemists	TW
							^a Diclofenac	
				^B 2.34	13.16	11.91	^a Voltaren 50	NV

DICLOFENAC SODIUM

Authority required

Initial supply, for up to 4 months, for a palliative care patient where severe pain is a problem.

5363G NP	Suppository 100 mg	40	3	..	*24.92	26.01	Voltaren 100	NV
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DICLOFENAC SODIUM

Authority required (STREAMLINED)

3646

Continuing supply for a palliative care patient where severe pain is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5364H NP	Tablet 25 mg (enteric coated)	100	..	..	*12.74	13.83	^a APO-Diclofenac	TX
							^a Chem mart	CH
							^a Diclofenac	
							^a Clonac 25	QA
							^a Diclofenac-GA	GM

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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	
5365J NP	Tablet 50 mg (enteric coated)	50	..	..	10.82	11.91	^a Diclofenac Sandoz	SZ
							^a Fenac 25	AF
							^a Terry White Chemists Diclofenac	TW
							^a Voltaren 25	NV
							^a APO-Diclofenac	TX
							^a Chem mart Diclofenac	CH
							^a Clonac 50	QA
							^a Diclofenac-GA	GM
							^a Diclofenac Sandoz	SZ
							^a Fenac	AF
							^a Terry White Chemists Diclofenac	TW
							^a Voltaren 50	NV

DICLOFENAC SODIUM

Authority required

Continuing supply for a palliative care patient where severe pain is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5366K NP	Suppository 100 mg	40	*24.92	26.01	Voltaren 100	NV
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INDOMETHACIN

Authority required (STREAMLINED)

3645

Initial supply, for up to 4 months, for a palliative care patient where severe pain is a problem.

5377B NP	Capsule 25 mg	100	3	..	*12.42	13.51	^a Arthrexin	AF
				^B 2.02	*14.44	13.51	^a Indocid	AS

INDOMETHACIN

Authority required

Initial supply, for up to 4 months, for a palliative care patient where severe pain is a problem.

5378C NP	Suppository 100 mg	40	3	..	*22.50	23.59	Indocid	AS
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INDOMETHACIN

Authority required (STREAMLINED)

3646

Continuing supply for a palliative care patient where severe pain is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5379D NP	Capsule 25 mg	100	..	..	*12.42	13.51	^a Arthrexin	AF
				^B 2.02	*14.44	13.51	^a Indocid	AS

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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

INDOMETHACIN**Authority required**

Continuing supply for a palliative care patient where severe pain is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5380E NP	Suppository 100 mg	40	*22.50	23.59	Indocid	AS
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Propionic acid derivatives**IBUPROFEN****Authority required**

Initial supply, for up to 4 months, for a palliative care patient where severe pain is a problem.

5368M NP	Tablet 400 mg	90	3	..	*14.73	15.82	Brufen	AB
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IBUPROFEN**Authority required**

Continuing supply for a palliative care patient where severe pain is a problem.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5370P NP	Tablet 400 mg	90	*14.73	15.82	Brufen	AB
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NAPROXEN**Authority required (STREAMLINED)**

3645

Initial supply, for up to 4 months, for a palliative care patient where severe pain is a problem.

5345H NP	Tablet 250 mg	100	3	..	*13.34	14.43	^a Inza 250	AF
				^B 2.24	*15.58	14.43	^a Naprosyn	RO
5346J NP	Tablet 500 mg	50	3	..	12.58	13.67	^a Inza 500	AF
				^B 1.30	13.88	13.67	^a Naprosyn	RO
5347K NP	Tablet 750 mg (sustained release)	28	3	..	12.08	13.17	^a Proxen SR 750	MD
				^B 1.22	13.30	13.17	^a Naprosyn SR750	RO
5348L NP	Tablet 1 g (sustained release)	28	3	..	13.96	15.05	^a Proxen SR 1000	MD
				^B 1.29	15.25	15.05	^a Naprosyn SR1000	RO

NAPROXEN**Authority required (STREAMLINED)**

3647

Initial supply, for up to 4 months, for a palliative care patient where severe pain is a problem in patients unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

5397C NP	Oral suspension 125 mg per 5 mL, 474 mL	1	3	..	78.17	35.40	Naprosyn	RO
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**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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	
NAPROXEN								
<u>Authority required (STREAMLINED)</u>								
3648								
Continuing supply for a palliative care patient where severe pain is a problem in patients unable to take a solid dose form of a non-steroidal anti-inflammatory agent.								
<u>Note</u>								
Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.								
5398D NP	Oral suspension 125 mg per 5 mL, 474 mL	‡1	78.17	35.40	Naprosyn	RO
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NAPROXEN								
<u>Authority required (STREAMLINED)</u>								
3646								
Continuing supply for a palliative care patient where severe pain is a problem.								
<u>Note</u>								
Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.								
5349M NP	Tablet 250 mg	100	..	..	*13.34	14.43	^a Inza 250	AF
				^B 2.24	*15.58	14.43	^a Naprosyn	RO
5350N NP	Tablet 500 mg	50	..	..	12.58	13.67	^a Inza 500	AF
				^B 1.30	13.88	13.67	^a Naprosyn	RO
5351P NP	Tablet 750 mg (sustained release)	28	..	..	12.08	13.17	^a Proxen SR 750	MD
				^B 1.22	13.30	13.17	^a Naprosyn SR750	RO
5352Q NP	Tablet 1 g (sustained release)	28	13.96	15.05	^a Proxen SR 1000	MD
				^B 1.29	15.25	15.05	^a Naprosyn SR1000	RO
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NAPROXEN SODIUM								
<u>Authority required (STREAMLINED)</u>								
3645								
Initial supply, for up to 4 months, for a palliative care patient where severe pain is a problem.								
<u>Note</u>								
Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.								
5353R NP	Tablet 550 mg	50	3	..	12.77	13.86	^a Crysanal	MD
				^B 2.17	14.94	13.86	^a Anaprox 550	RO
<hr/>								
NAPROXEN SODIUM								
<u>Authority required (STREAMLINED)</u>								
3646								
Continuing supply for a palliative care patient where severe pain is a problem.								
<u>Note</u>								
Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.								
<u>Note</u>								
Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.								
5354T NP	Tablet 550 mg	50	..	..	12.77	13.86	^a Crysanal	MD
				^B 2.17	14.94	13.86	^a Anaprox 550	RO

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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
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Nervous system

Analgesics

Opioids

Natural opium alkaloids

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Authority required

Initial supply, for up to 3 months, for a palliative care patient with severe disabling pain not responding to non-narcotic analgesics.

Note

Telephone approvals are limited to 1 month's therapy.

5393W NP	Tablet 10 mg	20	2	..	14.31	15.40	Sevredol	MF
5394X NP	Tablet 20 mg	20	2	..	15.26	16.35	Sevredol	MF

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Authority required

Continuing supply for a palliative care patient with severe disabling pain not responding to non-narcotic analgesics.

Note

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Telephone approvals are limited to 1 month's therapy.

5395Y NP	Tablet 10 mg	20	..	..	14.31	15.40	Sevredol	MF
5396B NP	Tablet 20 mg	20	..	..	15.26	16.35	Sevredol	MF

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Authority required

Initial supply, for up to 3 months, for a palliative care patient with chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Telephone approvals are limited to 1 month's therapy.

5391R NP	Tablet 200 mg (controlled release)	28	2	..	121.86	35.40	MS Contin	MF
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MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Authority required

Continuing supply for a palliative care patient with chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Telephone approvals are limited to 1 month's therapy.

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE

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	
5392T NP	Tablet 200 mg (controlled release)	28	..	..	121.86	35.40	MS Contin	MF

Phenylpiperidine derivatives

FENTANYL

Caution

The risk of drug dependence is high.

Authority required

Initial supply for dose titration for breakthrough pain in a palliative care patient with cancer who is receiving opioids for their persistent pain and where further escalation in the dose of morphine for breakthrough pain results in intolerable adverse effects.

Note

No applications for increased repeats will be authorised.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Special Pricing Arrangements apply.

5401G NP	Lozenges 200 micrograms (as citrate), 3	3	..	..	*115.60	35.40	Actiq	OA
5402H NP	Lozenges 400 micrograms (as citrate), 3	3	..	..	*115.60	35.40	Actiq	OA
5403J NP	Lozenges 600 micrograms (as citrate), 3	3	..	..	*115.60	35.40	Actiq	OA
5404K NP	Lozenges 800 micrograms (as citrate), 3	3	..	..	*115.60	35.40	Actiq	OA
5405L NP	Lozenges 1200 micrograms (as citrate), 3	3	..	..	*115.60	35.40	Actiq	OA
5406M NP	Lozenges 1600 micrograms (as citrate), 3	3	..	..	*115.60	35.40	Actiq	OA

FENTANYL

Caution

The risk of drug dependence is high.

Authority required

Continuing supply for breakthrough pain in a palliative care patient with cancer who is receiving opioids for their persistent pain and where further escalation in the dose of morphine for breakthrough pain results in intolerable adverse effects.

Note

For first continuing supply, applications for increased repeats for up to 3 months' supply may be authorised.

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Telephone approvals are limited to 1 month's therapy.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note

Special Pricing Arrangements apply.

5407N NP	Lozenges 200 micrograms (as citrate), 30	2	..	..	*680.13	35.40	Actiq	OA
5408P NP	Lozenges 400 micrograms (as citrate), 30	2	..	..	*680.13	35.40	Actiq	OA
5409Q NP	Lozenges 600 micrograms (as citrate), 30	2	..	..	*680.13	35.40	Actiq	OA
5410R NP	Lozenges 800 micrograms (as citrate), 30	2	..	..	*680.13	35.40	Actiq	OA
5411T NP	Lozenges 1200 micrograms (as citrate), 30	2	..	..	*680.13	35.40	Actiq	OA
5412W	Lozenges 1600 micrograms (as citrate), 30	2	..	..	*680.13	35.40	Actiq	OA

PREPARATIONS WHICH MAY BE PRESCRIBED FOR PATIENTS RECEIVING PALLIATIVE CARE

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

Diphenylpropylamine derivatives

METHADONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Authority required

Initial supply, for up to 3 months, for a palliative care patient with chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Telephone approvals are limited to 1 month's therapy.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5399E NP	Oral liquid 25 mg per 5 mL, 200 mL	1	2	..	18.92	20.01	Sigma Methadone Syrup	QA
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METHADONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Authority required

Continuing supply for a palliative care patient with chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Telephone approvals are limited to 1 month's therapy.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

5400F NP	Oral liquid 25 mg per 5 mL, 200 mL	1	18.92	20.01	Sigma Methadone Syrup	QA
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Other analgesics and antipyretics

Anilides

PARACETAMOL

Authority required (STREAMLINED)

3649

Initial supply, for up to 4 months, for a palliative care patient for analgesia or fever where alternative therapy cannot be tolerated.

5319Y NP	Suppositories 500 mg, 24	4	3	..	*84.46	35.40	Panadol	GC
5343F NP	Tablet 665 mg (modified release)	192	3	..	*16.64	17.73	Panadol Osteo	GC

PARACETAMOL

Authority required (STREAMLINED)

3650

Continuing supply for a palliative care patient for analgesia or fever where alternative therapy cannot be tolerated.

Note

Written or telephone authority applications for increased repeats may be approved where consultation with a palliative care specialist or service has occurred.

5320B NP	Suppositories 500 mg, 24	4	..	..	*84.46	35.40	Panadol	GC
5344G NP	Tablet 665 mg (modified release)	192	..	..	*16.64	17.73	Panadol Osteo	GC

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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
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Antiepileptics

Antiepileptics

Benzodiazepine derivatives

CLONAZEPAM

Authority required

Initial supply, for up to 4 months, for a palliative care patient for the prevention of epilepsy.

Note

No applications for increased repeats will be authorised.

5337X NP	Tablet 500 micrograms	100	3	..	12.96	14.05 ^a	Paxam 0.5	AF
				^B 1.71	14.67	14.05 ^a	Rivotril	RO
5338Y NP	Tablet 2 mg	100	3	..	18.74	19.83 ^a	Paxam 2	AF
				^B 1.93	20.67	19.83 ^a	Rivotril	RO
5339B NP	Oral liquid 2.5 mg per mL, 10 mL	2	3	..	*15.04	16.13	Rivotril	RO

CLONAZEPAM

Authority required

Continuing supply for a palliative care patient for the prevention of epilepsy.

Note

Where consultation with a palliative care specialist or service has occurred, applications for increased repeats may be authorised.

5340C NP	Tablet 500 micrograms	100	..	..	12.96	14.05 ^a	Paxam 0.5	AF
				^B 1.71	14.67	14.05 ^a	Rivotril	RO
5341D NP	Tablet 2 mg	100	..	..	18.74	19.83 ^a	Paxam 2	AF
				^B 1.93	20.67	19.83 ^a	Rivotril	RO
5342E NP	Oral liquid 2.5 mg per mL, 10 mL	2	..	..	*15.04	16.13	Rivotril	RO

Psycholeptics

Anxiolytics

Benzodiazepine derivatives

DIAZEPAM

Authority required

Initial supply, for up to 4 months, for a palliative care patient where anxiety is a problem.

Note

No applications for increased repeats will be authorised.

5355W NP	Tablet 2 mg	50	3	..	7.72	8.81 ^a	Antenex 2	AF
						^a	APO-Diazepam	TX
						^a	Ranzepam	RA
						^a	Valpam 2	QA
				^B 0.82	8.54	8.81 ^a	Valium	RO
5356X NP	Tablet 5 mg	50	3	..	7.85	8.94 ^a	Antenex 5	AF
						^a	APO-Diazepam	TX
						^a	Diazepam-GA	GM
						^a	Ranzepam	RA
						^a	Valpam 5	QA
				^B 0.85	8.70	8.94 ^a	Valium	RO

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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
DIAZEPAM							
<u>Authority required</u>							
Continuing supply for a palliative care patient where anxiety is a problem.							
<u>Note</u>							
Where consultation with a palliative care specialist or service has occurred, applications for increased repeats may be authorised.							
5357Y NP	Tablet 2 mg	50	..	..	7.72	8.81 ^a	Antenex 2 AF
						^a	APO-Diazepam TX
						^a	Ranzepam RA
						^a	Valpam 2 QA
				^B 0.82	8.54	8.81 ^a	Valium RO
5358B NP	Tablet 5 mg	50	..	..	7.85	8.94 ^a	Antenex 5 AF
						^a	APO-Diazepam TX
						^a	Diazepam-GA GM
						^a	Ranzepam RA
						^a	Valpam 5 QA
				^B 0.85	8.70	8.94 ^a	Valium RO
OXAZEPAM							
<u>Authority required</u>							
Initial supply, for up to 4 months, for a palliative care patient where anxiety is a problem.							
<u>Note</u>							
No applications for increased repeats will be authorised.							
5371Q NP	Tablet 15 mg	50	3	..	*8.88	9.97 ^a	Alepam 15 AF
				^B 5.38	*14.26	9.97 ^a	Serepax QA
5372R NP	Tablet 30 mg	50	3	..	*8.88	9.97 ^a	Alepam 30 AF
						^a	APO-Oxazepam TX
						^a	Murelax FM
				^B 5.38	*14.26	9.97 ^a	Serepax QA
OXAZEPAM							
<u>Authority required</u>							
Continuing supply for a palliative care patient where anxiety is a problem.							
<u>Note</u>							
Where consultation with a palliative care specialist or service has occurred, applications for increased repeats may be authorised.							
5373T NP	Tablet 15 mg	50	..	..	*8.88	9.97 ^a	Alepam 15 AF
				^B 5.38	*14.26	9.97 ^a	Serepax QA
5374W NP	Tablet 30 mg	50	..	..	*8.88	9.97 ^a	Alepam 30 AF
						^a	APO-Oxazepam TX
						^a	Murelax FM
				^B 5.38	*14.26	9.97 ^a	Serepax QA

**PREPARATIONS WHICH MAY BE PRESCRIBED FOR
PATIENTS RECEIVING PALLIATIVE CARE**

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
Hypnotics and sedatives							
<i>Benzodiazepine derivatives</i>							
NITRAZEPAM							
<u>Authority required</u>							
Initial supply, for up to 4 months, for a palliative care patient where insomnia is a problem.							
<u>Note</u>							
No applications for increased repeats will be authorised.							
5359C NP	Tablet 5 mg	50	3	..	*9.22	10.31 ^a	Alodorm AF
				^B 2.90	*12.12	10.31 ^a	Mogadon VT
<hr/>							
NITRAZEPAM							
<u>Authority required</u>							
Continuing supply for a palliative care patient where insomnia is a problem.							
<u>Note</u>							
Where consultation with a palliative care specialist or service has occurred, applications for increased repeats may be authorised.							
5360D NP	Tablet 5 mg	50	*9.22	10.31 ^a	Alodorm AF
				^B 2.90	*12.12	10.31 ^a	Mogadon VT
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TEMAZEPAM							
<u>Authority required</u>							
Initial supply, for up to 4 months, for a palliative care patient where insomnia is a problem.							
<u>Note</u>							
No applications for increased repeats will be authorised.							
5375X NP	Tablet 10 mg	50	3	..	*8.50	9.59 ^a	APO-Temazepam TX
						^a	Temaze AF
						^a	Temtabs FM
				^B 2.42	*10.92	9.59 ^a	Normison QA
<hr/>							
TEMAZEPAM							
<u>Authority required</u>							
Continuing supply for a palliative care patient where insomnia is a problem.							
<u>Note</u>							
Where consultation with a palliative care specialist or service has occurred, applications for increased repeats may be authorised.							
5376Y NP	Tablet 10 mg	50	..	..	*8.50	9.59 ^a	APO-Temazepam TX
						^a	Temaze AF
						^a	Temtabs FM
				^B 2.42	*10.92	9.59 ^a	Normison QA

Pharmaceutical Benefits for Dental Use

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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	
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Alimentary tract and metabolism

Stomatological preparations

Stomatological preparations

Antiinfectives and antiseptics for local oral treatment

AMPHOTERICIN								
3306B	Lozenge 10 mg	20	..	..	12.03	13.12	Fungilin	QA
NYSTATIN								
3343Y	Oral suspension 100,000 units per mL, 24 mL	‡1	..	..	11.14	12.23	Mycostatin	FM
							Nilstat	QA

Other agents for local oral treatment

BENZYDAMINE HYDROCHLORIDE								
<u>Restricted benefit</u>								
Radiation induced mucositis.								
5032W	Mouth and throat rinse 22.5 mg per 15 mL, 500 mL	‡1	..	..	22.26	23.35	Difflam	IA

Drugs for functional gastrointestinal disorders

Belladonna and derivatives, plain

Belladonna alkaloids, tertiary amines

ATROPINE								
5022H	Injection containing atropine sulfate 600 micrograms in 1 mL	10	..	..	20.54	21.63	Pfizer Australia Pty Ltd	PF

Propulsives

Propulsives

METOCLOPRAMIDE HYDROCHLORIDE								
5151D	Tablet 10 mg	25	..	..	8.20	9.29	Pramin	AF
				^B 3.02	11.22	9.29	Maxolon	VT
5153F	Injection 10 mg in 2 mL	10	..	..	12.99	14.08	Maxolon	VT

Antiemetics and antinauseants

Antiemetics and antinauseants

Other antiemetics

PROCHLORPERAZINE								
<u>Caution</u>								
Prochlorperazine may be associated with parkinsonism and tardive dyskinesia and should be used for short-term treatment only.								
5205Y	Tablet containing prochlorperazine maleate 5 mg	25	..	..	9.46	10.55	^a APO-Prochlorperazine	TX
							^a Pharmacor Prozine 5	CR
							^a ProCalm	QA
							^a Prochlorperazine-GA	GM
							^a Prochlorperazine GH	GQ
							^a Prochlorperazine-PS	FZ

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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 Stemzine	AV
				^B 3.45	12.91	10.55	^a Stemetil	SW
5206B	Injection containing prochlorperazine mesylate 12.5 mg in 1 mL	10	..	..	16.82	17.91	Stemetil	SW
5208D	Suppositories containing prochlorperazine equivalent to 25 mg prochlorperazine maleate, 5	‡1	..	..	19.93	21.02	Stemetil	SW
PROMETHAZINE HYDROCHLORIDE								
3374N	Injection 50 mg in 2 mL	10	..	..	*22.32	23.41	Hospira Pty Limited	HH

Antidiarrheals, intestinal antiinflammatory/ antiinfective agents

Intestinal antiinfectives

Antibiotics

NYSTATIN								
3342X	Tablet 500,000 units	50	17.98	19.07	Nilstat	QA
3345C	Capsule 500,000 units	50	17.98	19.07	Nilstat	QA

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Blood and blood forming organs

Blood substitutes and perfusion solutions

I.V. solutions

Solutions for parenteral nutrition

GLUCOSE

5005K	I.V. infusion 139 mmol (anhydrous) per 500 mL (5%), 500 mL	5	..	..	*17.87	18.96	^a B. Braun Australia Pty Ltd	BR
							^a Fresenius Kabi Australia Pty Limited	PK
5106R	I.V. infusion 278 mmol (anhydrous) per L (5%), 1 L	5	..	..	*22.82	23.91	^a B. Braun Australia Pty Ltd	BR
							^a Baxter Healthcare Pty Ltd	BX
							^a Fresenius Kabi Australia Pty Limited	PK

Solutions affecting the electrolyte balance

SODIUM CHLORIDE

5021G	I.V. infusion 77 mmol per 500 mL (0.9%), 500 mL	5	..	..	*13.02	14.11	^a B. Braun Australia Pty Ltd	BR
							^a Fresenius Kabi Australia Pty Limited	PK
5212H	I.V. infusion 154 mmol per L (0.9%), 1 L	5	..	..	*15.92	17.01	^a B. Braun Australia Pty Ltd	BR
							^a Baxter Healthcare Pty Ltd	BX
							^a Fresenius Kabi Australia Pty Limited	PK
5213J	I.V. infusion 513 mmol per L (3%), 1 L	2	..	..	*12.12	13.21	Baxter Healthcare Pty Ltd	BX

SODIUM CHLORIDE with GLUCOSE

5214K	I.V. infusion 31 mmol-222 mmol (anhydrous) per L (0.18%-4%), 1 L	5	..	..	*23.52	24.61	Baxter Healthcare Pty Ltd	BX
5215L	I.V. infusion 19 mmol-104 mmol (anhydrous) per 500 mL (0.225%-3.75%), 500 mL	5	..	..	*28.77	29.86	Baxter Healthcare Pty Ltd	BX
5216M	I.V. infusion 39 mmol-69 mmol (anhydrous) per 500 mL (0.45%-2.5%), 500 mL	5	*28.77	29.86	Baxter Healthcare Pty Ltd	BX

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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	
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Cardiovascular system

Cardiac therapy

Antiarrhythmics, class I and III

Antiarrhythmics, class IB

5142P	LIGNOCAINE HYDROCHLORIDE Injection 100 mg in 5 mL	5	37.33	35.40	Pfizer Australia Pty Ltd	PF
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Cardiac stimulants excl. cardiac glycosides

Adrenergic and dopaminergic agents

5004J	ADRENALINE Injection 1 mg in 1 mL (1 in 1,000)	5	20.34	21.43	Link Medical Products Pty Ltd	LM
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Vasodilators used in cardiac diseases

Organic nitrates

5108W	GLYCERYL TRINITRATE Tablets 600 micrograms, 100	‡1 ^B 2.94	14.83 17.77	15.92 ^a 15.92 ^a	Lycinate Anginine Stabilised	FM QA
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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
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Dermatologicals

Corticosteroids, dermatological preparations

Corticosteroids, plain

Corticosteroids, weak (group I)

HYDROCORTISONE ACETATE

Restricted benefit

Treatment of corticosteroid-responsive dermatoses.

5111B	Cream 10 mg per g (1%), 30 g	‡1	..	.. ^B 2.69	8.89 11.58	9.98 9.98	^a ^a	Cortic-DS 1% Sigmacort	FM QA
5112C	Topical ointment 10 mg per g (1%), 30 g	‡1	..	.. ^B 2.69	8.89 11.58	9.98 9.98	^a ^a	Cortic-DS 1% Sigmacort	FM QA
5113D	Cream 10 mg per g (1%), 50 g	‡1	..	.. ^B 2.70	8.56 11.26	9.65 9.65	^a ^a	Cortic-DS 1% Sigmacort	FM QA
5114E	Topical ointment 10 mg per g (1%), 50 g	‡1 ^B 2.70	8.56 11.26	9.65 9.65	^a ^a	Cortic-DS 1% Sigmacort	FM QA

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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	
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Systemic hormonal preparations, excl. sex hormones and insulins

Corticosteroids for systemic use

Corticosteroids for systemic use, plain

Glucocorticoids

BETAMETHASONE ACETATE with BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit

For local intra-articular or peri-articular infiltration;

Keloid;

Lichen planus hypertrophic.

5034Y	Injection 3 mg-3.9 mg (equivalent to 5.7 mg betamethasone) in 1 mL	5	25.00	26.09	Celestone Chronodose	MK
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HYDROCORTISONE SODIUM SUCCINATE

Restricted benefit

For use in a hospital.

5118J	Injection equivalent to 100 mg hydrocortisone with 2 mL solvent	6	*36.72	35.40	Solu-Cortef	PF
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5119K	Injection equivalent to 250 mg hydrocortisone with 2 mL solvent	6	*58.74	35.40	Solu-Cortef	PF
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METHYLPREDNISOLONE ACETATE

Restricted benefit

For local intra-articular or peri-articular infiltration.

5148Y	Injection 40 mg in 1 mL	5	..	..	21.38	22.47	^a Depo-Nisolone	FZ
				^B 0.60	21.98	22.47	^a Depo-Medrol	PF

TRIAMCINOLONE ACETONIDE

Restricted benefit

For local intra-articular or peri-articular infiltration;

Keloid;

Lichen planus hypertrophic.

5233K	Injection 10 mg in 1 mL	5	25.00	26.09	Kenacort-A10	QA
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Pancreatic hormones

Glycogenolytic hormones

Glycogenolytic hormones

GLUCAGON HYDROCHLORIDE

5105Q	Injection set containing 1 mg (1 i.u.) and 1 mL solvent in disposable syringe	1	45.63	35.40	GlucaGen Hypokit	NO
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DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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
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Antiinfectives for systemic use

Antibacterials for systemic use

Tetracyclines

Tetracyclines

DOXYCYCLINE

Note

Pharmaceutical benefits that have the form doxycycline tablet 100 mg (as hydrochloride) and pharmaceutical benefits that have the form doxycycline tablet 100 mg (as monohydrate) are equivalent for the purposes of substitution.

3321T	Tablet 100 mg (as hydrochloride)	7	..	..	8.36	9.45	^a Doxsig	QA
							^a Doxy-100	GM
							^a Doxylin 100	AF
5082L	Tablet 100 mg (as monohydrate)	7	..	..	8.36	9.45	^a Chem mart	CH
							^a Doxycycline	
							^a Doxyhexal	SZ
							^a GenRx Doxycycline	GX
							^a Terry White	TW
							Chemists	
							Doxycycline	

DOXYCYCLINE

3322W	Capsule 100 mg (as hydrochloride)	7	..	..	8.36	9.45	^a Mayne Pharma	YT
							^a Doxycycline	
				^B 1.10	9.46	9.45	^a Doryx	YN

Beta-lactam antibacterials, penicillins

Penicillins with extended spectrum

AMOXYCILLIN

3300Q	Capsule 500 mg	20	..	..	9.03	10.12	^a Alphamox 500	AF
							^a Amoxicillin-GA	GM
							^a Amoxicillin	GQ
							generichealth	
							500	
							^a Amoxicillin	RA
							Ranbaxy	
							^a Amoxicillin Sandoz	SZ
							^a APO-Amoxicillin	TX
							^a Chem mart	CH
							^a Amoxicillin	
							^a Cilamox	QA
							^a GenRx Amoxicillin	GX
							^a Terry White	TW
							Chemists	
							Amoxicillin	
				^B 0.89	9.92	10.12	^a Amoxil	GK
3301R	Capsule 250 mg	20	..	..	7.73	8.82	^a Alphamox 250	AF
							^a Amoxicillin-GA	GM
							^a Amoxicillin	RA
							Ranbaxy	
							^a Amoxicillin Sandoz	SZ
							^a APO-Amoxicillin	TX
							^a Chem mart	CH
							^a Amoxicillin	
							^a Cilamox	QA

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DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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	
3364C	Capsule 500 mg	50	..	..	13.47	14.56	^a Cilicaine VK	FM
							^a Cilopen VK	GM
							LPV	VT
5012T	Oral suspension 150 mg (as benzathine) per 5 mL, 100 mL	2	..	..	*21.60	22.69	^a Cilicaine V	FM
				^B 1.90	*23.50	22.69	^a Abbocillin-V	QA
5024K	Powder for oral liquid 125 mg (as potassium) per 5 mL, 100 mL	2	..	..	*#16.76	18.20	Phenoxymethyl- penicillin-AFT	AE
5029Q	Powder for oral liquid 250 mg (as potassium) per 5 mL, 100 mL	2	..	..	*#19.32	20.76	Phenoxymethyl- penicillin-AFT	AE
PROCAINE PENICILLIN								
3371K	Injection 1.5 g	5	..	..	92.22	35.40	Cilicaine	QA

Beta-lactamase resistant penicillins

DICLOXACILLIN

Restricted benefit

Serious staphylococcal infections.

5096F	Capsule 250 mg	24	..	..	11.19	12.28	^a Dicloxsig	QA
							^a Distaph 250	AF
5097G	Capsule 500 mg	24	..	..	16.41	17.50	^a Diclocil	BQ
							^a Dicloxsig	QA
							^a Distaph 500	AF

FLUCLOXACILLIN

Caution

Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

5094D	Powder for injection 500 mg	5	..	..	12.76	13.85	^a Flubiclox	TS
							^a Flucil	AS
5095E	Powder for injection 1 g	5	..	..	16.33	17.42	^a Flubiclox	TS
							^a Flucil	AS
							^a Hospira Pty Limited	HH

FLUCLOXACILLIN

Caution

Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infections.

5090X	Capsule 250 mg (as sodium)	24	..	..	11.19	12.28	^a Flopen	AS
							^a Staphylex 250	AF
5091Y	Capsule 500 mg (as sodium)	24	..	..	16.41	17.50	^a Flopen	AS
							^a Staphylex 500	AF
5257Q	Powder for oral liquid 125 mg (as sodium) per 5 mL, 100 mL	‡1	..	..	#16.05	17.49	Flucil	LN
5258R	Powder for oral liquid 250 mg (as sodium) per 5 mL, 100 mL	‡1	..	..	#19.58	21.02	Flucil	LN

Combinations of penicillins, incl. beta-lactamase inhibitors

AMOXYCILLIN with CLAVULANIC ACID

Caution

Hepatotoxicity has been reported with this drug.

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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
	<u>Restricted benefit</u>						
	Infections where resistance to amoxycillin is suspected;						
	Infections where resistance to amoxycillin is proven.						
5006L	Tablet 875 mg-125 mg	10	..	..	11.63	12.72	<div>a</div> <div>Amoxycillin/ Clavulanic Acid 875/125 generichealth</div> <div>GQ</div> <div>a</div> <div>Chem mart Amoxycillin and Clavulanic Acid</div> <div>CH</div> <div>a</div> <div>Clamoxyl Duo forte</div> <div>AL</div> <div>a</div> <div>Clavycillin 875/125</div> <div>CR</div> <div>a</div> <div>Curam Duo Forte 875/125</div> <div>SZ</div> <div>a</div> <div>GA-Amclav Forte 875/125</div> <div>GM</div> <div>a</div> <div>GenRx Amoxycillin and Clavulanic Acid</div> <div>GX</div> <div>a</div> <div>Moxiclav Duo Forte 875/125</div> <div>QA</div> <div>a</div> <div>Terry White Chemists Amoxycillin and Clavulanic Acid</div> <div>TW</div>
5008N	Tablet 500 mg-125 mg	10	..	..^B 1.56	13.19	12.72	<div>a</div> <div>Augmentin Duo forte</div> <div>GK</div> <div>a</div> <div>Amoxycillin/ Clavulanic Acid 500/125 generichealth</div> <div>GQ</div> <div>a</div> <div>APO-Amoxycillin/ Clavulanic Acid 500/125</div> <div>TX</div> <div>a</div> <div>Clamoxyl Duo</div> <div>AL</div> <div>a</div> <div>Curam Duo 500/125</div> <div>SZ</div> <div>a</div> <div>GA-Amclav 500/125</div> <div>GM</div> <div>a</div> <div>Moxiclav Duo 500/125</div> <div>QA</div> <div>a</div> <div>Augmentin Duo</div> <div>GK</div>
5009P	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	‡1	..	..^B 1.57	11.65	11.17	<div>a</div> <div>Clamoxyl</div> <div>AL</div> <div>a</div> <div>Curam</div> <div>SZ</div>
5011R	Powder for syrup 400 mg-57 mg per 5 mL, 60 mL	‡1	..	..^B 1.58	#12.83	12.69	<div>a</div> <div>Augmentin</div> <div>GK</div> <div>a</div> <div>Clamoxyl Duo 400</div> <div>AL</div> <div>a</div> <div>Curam Duo</div> <div>SZ</div> <div>a</div> <div>Augmentin Duo 400</div> <div>GK</div>
				.. ^B 1.58	#12.22	13.66	<div>a</div> <div>Augmentin Duo</div> <div>GK</div>
				.. ^B 1.58	#13.80	13.66	<div>a</div> <div>Augmentin Duo</div> <div>GK</div>

TICARCILLIN with CLAVULANIC ACID

Restricted benefit

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

5230G	Powder for injection 3 g-100 mg (solvent required) (code 7043Q applies to above item with approved solvent)	10	163.32	35.40	Timentin	GK
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**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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
Other beta-lactam antibacterials							
<i>First-generation cephalosporins</i>							
CEFALOTIN							
3376Q	Powder for injection 1 g	10	..	..	26.25	27.34	^a Cefalotin Sandoz SZ ^a Hospira Pty Limited HH ^a Keflin Neutral AS
CEPHALEXIN							
3317N	Capsule 250 mg	20	..	..	7.92	9.01	^a Cefalexin Sandoz SZ ^a Cephalixin GQ ^a generichealth ^a Cephalixin-PS FZ ^a Cephatrust 250 MI ^a Chem mart CH ^a Cephalixin ^a Cilex GM ^a GenRx Cephalixin GX ^a Ialex LN ^a Ibilex 250 AF ^a Pharmacor CR ^a Cephalixin 250 ^a Rancef RA ^a Terry White TW Chemists Cephalixin
3318P	Capsule 500 mg	20	..	..	^B 2.03 9.95	9.01	^a Keflex AS
					9.10	10.19	^a Cefalexin Sandoz SZ ^a Cephabell BF ^a Cephalixin GQ ^a generichealth ^a Cephalixin-PS FZ ^a Cephatrust 500 MI ^a Chem mart CH ^a Cephalixin ^a Cilex GM ^a GenRx Cephalixin GX ^a Ialex LN ^a Ibilex 500 AF ^a Pharmacor CR ^a Cephalixin 500 ^a Rancef RA ^a Terry White TW Chemists Cephalixin
3319Q	Granules for syrup 125 mg per 5 mL, 100 mL	‡1	..	..	^B 2.73 11.83 #10.78	10.19 12.22	^a Keflex AS ^a APO-Cephalixin TX ^a Cefalexin Sandoz SZ ^a Chem mart CH ^a Cephalixin GM ^a Cilex ^a GenRx Cephalixin GX ^a Ialex LN ^a Ibilex 125 AF ^a Terry White TW Chemists Cephalixin

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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
				^B 2.20	#12.98	12.22	^a	Keflex AS
3320R	Granules for syrup 250 mg per 5 mL, 100 mL	‡1	..	..	#11.65	13.09	^a	APO-Cephalexin TX
							^a	Cefalexin Sandoz SZ
							^a	Chem mart CH
							^a	Cephalexin
							^a	Cilex GM
							^a	GenRx Cephalexin GX
							^a	Ialex LN
							^a	Ibilex 250 AF
							^a	Terry White TW
								Chemists
								Cephalexin
				^B 2.70	#14.35	13.09	^a	Keflex AS

Second-generation cephalosporins

CEFACLOR

Caution

Serum sickness-like reactions have been reported with this drug, especially in children.

5045M	Tablet 375 mg (sustained release)	10	..	..	11.33	12.42	^a	Cefaclor-GA GN
							^a	Cefaclor GH GQ
							^a	Chem mart CH
								Cefaclor CD
							^a	GenRx Cefaclor CD GX
							^a	Karlor CD LN
							^a	Keflor CD AF
							^a	Ozcef RA
							^a	Terry White TW
								Chemists
								Cefaclor CD
				^B 3.93	15.26	12.42	^a	Ceclor CD AS
5046N	Powder for oral suspension 125 mg per 5 mL, 100 mL	‡1	..	..	#12.45	13.89	^a	Aclor 125 QA
							^a	Cefaclor Sandoz SZ
							^a	Chem mart CH
								Cefaclor
							^a	GenRx Cefaclor GX
							^a	Keflor AF
							^a	Ozcef RA
							^a	Terry White TW
								Chemists
								Cefaclor
				^B 3.16	#15.61	13.89	^a	Ceclor AS
5047P	Powder for oral suspension 250 mg per 5 mL, 75 mL	‡1	..	..	#12.69	14.13	^a	Aclor 250 QA
							^a	Cefaclor Sandoz SZ
							^a	Chem mart CH
								Cefaclor
							^a	GenRx Cefaclor GX
							^a	Keflor AF
							^a	Ozcef RA
							^a	Terry White TW
								Chemists
								Cefaclor
				^B 3.31	#16.00	14.13	^a	Ceclor AS

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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	
5052X	CEFUROXIME AXETIL Tablet 250 mg (base)	14	..	..	18.62	19.71	Zinnat	GK

Third-generation cephalosporins

CEFOTAXIME

Restricted benefit

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

5048Q	Powder for injection 1 g	10	..	..	*26.32	27.41	^a Cefotaxime Sandoz	SZ
				..	26.44	27.53	^a Hospira Pty Limited	HH
5049R	Powder for injection 2 g	10	..	..	*42.92	35.40	^a Cefotaxime Sandoz	SZ
				..	43.02	35.40	^a Hospira Pty Limited	HH

Sulfonamides and trimethoprim

Combinations of sulfonamides and trimethoprim, incl. derivatives

TRIMETHOPRIM with SULFAMETHOXAZOLE

Caution

There is an increased risk of severe adverse reactions with this combination in the elderly.

3390K	Tablet 160 mg-800 mg	10	..	..	9.24	10.33	^a	Bactrim DS	RO
							^a	Resprim Forte	AF
				^B 1.46	10.70	10.33	^a	Septrin Forte	QA
3391L	Oral suspension 40 mg-200 mg per 5 mL, 100 mL	‡1	..	..	8.93	10.02		Bactrim	RO
				^B 1.79	10.72	10.02		Septrin	QA

Macrolides, lincosamides and streptogramins

Macrolides

ERYTHROMYCIN

3325B	Capsule 250 mg	25	..	..	10.69	11.78	^a Mayne Pharma	YT
				^B 2.38	13.07	11.78	^a Eryc	YN

ERYTHROMYCIN ETHYL SUCCINATE

3334L	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	‡1	..	..	#14.52	15.96	^a E-Mycin 200	AF
				^B 2.71	#17.23	15.96	^a E.E.S. 200	LM
3336N	Tablet 400 mg (base)	25	..	..	10.69	11.78	^a E-Mycin	AF
				^B 2.66	13.35	11.78	^a E.E.S. 400 Filmtab	LM
3337P	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	‡1	..	..	#16.03	17.47	^a E-Mycin 400	AF
				^B 2.73	#18.76	17.47	^a E.E.S. Granules	LM

ERYTHROMYCIN LACTOBIONATE

5088T	Powder for I.V. infusion 1 g (base)	5	*98.62	35.40	Erythrocin-I.V.	LM
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ROXITHROMYCIN

5259T	Tablet for oral suspension 50 mg	10	12.89	13.98	Rulide D	SW
5260W	Tablet 150 mg	10	9.76	10.85	^a APO-Roxithromycin	TX
						^a Biaxig	AV	
						^a Chem mart	CH	
						^a Roxithromycin		
						^a Roxar 150	QA	
						^a Roximycin	AF	
						^a Roxithromycin-GA	GM	

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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
5261X	Tablet 300 mg	5	..	..	9.76	10.85	^a Roxithromycin Sandoz SZ
							^a Terry White Chemists TW
							^a Roxithromycin Rulide SW
							^a APO-Roxithromycin TX
							^a Biaxsig AV
							^a Chem mart Roxithromycin CH
							^a Roxar 300 QA
							^a Roximycin AF
							^a Roxithromycin-GA GM
							^a Roxithromycin Sandoz SZ
							^a Terry White Chemists TW
							^a Roxithromycin Rulide SW

Lincosamides

CLINDAMYCIN

Restricted benefit

Gram-positive coccal infections where these cannot be safely and effectively treated with a penicillin.

5057E	Capsule 150 mg	24	..	..	19.75	20.84	^a Cleocin FZ
				^B 1.37	21.12	20.84	^a Dalacin C PF

LINCOMYCIN

5144R	Injection 600 mg in 2 mL	5	33.74	34.83	Lincocin PF
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Other antibacterials

Glycopeptide antibacterials

VANCOMYCIN

Restricted benefit

Prophylaxis of endocarditis in patients hypersensitive to penicillin.

3323X	Powder for injection 500 mg (as hydrochloride) (500,000 i.u. vancomycin activity)	2	..	..	*16.52	17.61	^a Hospira Pty Limited HH
							^a Vancocin CP AS
							^a Vancomycin Alphapharm AF
							^a Vancomycin Sandoz SZ
							^a Vycin IV WQ
5083M	Powder for injection 1 g (as hydrochloride) (1,000,000 i.u. vancomycin activity)	1	..	..	16.52	17.61	^a Hospira Pty Limited HH
							^a Vancomycin Alphapharm AF
							^a Vancomycin Sandoz SZ
							^a Vycin IV WQ

Imidazole derivatives

METRONIDAZOLE

3339R	Tablet 200 mg	21	..	..	7.88	8.97	^a Metrogyl 200 AF
				..	7.88	8.97	^a Metronide 200 AV
				^B 2.30	10.18	8.97	^a Flagyl SW
5157K	Suppositories 500 mg, 10	‡1	..	..	23.16	24.25	Flagyl SW

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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
METRONIDAZOLE								
<u>Restricted benefit</u>								
Treatment of anaerobic infections.								
5155H	Tablet 400 mg	21	..	..	9.85	10.94	^a	Metrogyl 400 AF
							^a	Metronide 400 AV
				^B 2.30	12.15	10.94	^a	Flagyl SW
METRONIDAZOLE								
<u>Restricted benefit</u>								
Treatment, in a hospital, of acute anaerobic sepsis.								
5154G	I.V. infusion 500 mg in 100 mL	5	..	..	*30.67	31.76	^a	Baxter Healthcare Pty Ltd BX
				..	*31.70	32.79	^a	DBL Metronidazole Intravenous Infusion HH
METRONIDAZOLE BENZOATE								
3341W	Oral suspension 320 mg per 5 mL (equivalent to 200 mg metronidazole in 5 mL), 100 mL	‡1	..	..	18.82	19.91		Flagyl S SW

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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	
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Musculo-skeletal system

Antiinflammatory and antirheumatic products

Antiinflammatory and antirheumatic products, non-steroids

Acetic acid derivatives and related substances

5079H	DICLOFENAC SODIUM Suppository 100 mg	40	..	..	*24.92	26.01	Voltaren 100		NV
<hr/>									
DICLOFENAC SODIUM <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.									
5076E	Tablet 25 mg (enteric coated)	100	..	..	*12.74	13.83	^a ^a ^a ^a ^a ^a ^a	APO-Diclofenac Chem mart Diclofenac Clonac 25 Diclofenac-GA Diclofenac Sandoz Fenac 25 Terry White Chemists Diclofenac Voltaren 25 APO-Diclofenac Chem mart Diclofenac Clonac 50 Diclofenac-GA Diclofenac Sandoz Fenac Terry White Chemists Diclofenac Voltaren 50	TX CH QA GM SZ AF TW NV TX CH QA GM SZ AF TW NV
5077F	Tablet 50 mg (enteric coated)	50	..	..	^B 2.32 10.82	*15.06 11.91	^a ^a ^a ^a ^a ^a ^a ^a ^a	Voltaren 25 APO-Diclofenac Chem mart Diclofenac Clonac 50 Diclofenac-GA Diclofenac Sandoz Fenac Terry White Chemists Diclofenac Voltaren 50	NV TX CH QA GM SZ AF TW NV
5128X	INDOMETHACIN Suppository 100 mg	40	..	..	*22.50	23.59	Indocid		AS
<hr/>									
INDOMETHACIN <u>Restricted benefit</u> Chronic arthropathies (including osteoarthritis) with an inflammatory component; Bone pain due to malignant disease.									
5126T	Capsule 25 mg	100	..	..	*12.42 ^B 2.02	13.51 13.51	^a ^a	Arthrexin Indocid	AF AS

Oxicams

PIROXICAM

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component.

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for		Brand Name and Manufacturer
					Max. Qty \$	Safety Net \$		
5201R	Dispersible tablet 10 mg	50	..	..	12.20	13.29		Mobilis D-10 AF
5202T	Dispersible tablet 20 mg	25	..	..	11.92	13.01 ^a		Mobilis D-20 AF
				^B 2.49	14.41	13.01 ^a		Feldene-D PF
5203W	Capsule 10 mg	50	..	..	12.20	13.29 ^a		Chem mart CH
							^a	Piroxicam
							^a	GenRx Piroxicam GX
							^a	Mobilis 10 AF
							^a	Terry White TW
								Chemists Piroxicam
				^B 2.52	14.72	13.29 ^a		Feldene PF
5204X	Capsule 20 mg	25	..	..	11.92	13.01 ^a		Chem mart CH
							^a	Piroxicam
							^a	GenRx Piroxicam GX
							^a	Mobilis 20 AF
							^a	Terry White TW
								Chemists Piroxicam
				^B 2.49	14.41	13.01 ^a		Feldene PF

Propionic acid derivatives

IBUPROFEN								
5124Q	Tablet 400 mg	30	..	..	9.19	10.28		Brufen AB

IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component;

Bone pain due to malignant disease.

5123P	Tablet 400 mg	90	*14.73	15.82		Brufen AB
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KETOPROFEN

5139L	Suppository 100 mg	40	*25.30	26.39		Orudis SW
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KETOPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component.

5136H	Capsule 200 mg (sustained release)	28	..	..	19.10	20.19 ^a		Oruvail SR AV
				^B 2.21	21.31	20.19 ^a		Orudis SR 200 SW

NAPROXEN

Restricted benefit

Chronic arthropathies (including osteoarthritis) with an inflammatory component;

Bone pain due to malignant disease.

5176K	Tablet 250 mg	100	..	..	*13.34	14.43 ^a		Inza 250 AF
				^B 2.24	*15.58	14.43 ^a		Naprosyn RO
5177L	Tablet 500 mg	50	..	..	12.58	13.67 ^a		Inza 500 AF
				^B 1.30	13.88	13.67 ^a		Naprosyn RO
5178M	Tablet 750 mg (sustained release)	28	..	..	12.08	13.17 ^a		Proxen SR 750 MD
				^B 1.22	13.30	13.17 ^a		Naprosyn SR750 RO
5179N	Tablet 1 g (sustained release)	28	..	..	13.96	15.05 ^a		Proxen SR 1000 MD
				^B 1.29	15.25	15.05 ^a		Naprosyn SR1000 RO

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable	Brand Name and Manufacturer
					Max. Qty \$	Value for Safety Net \$	
NAPROXEN SODIUM							
<u>Restricted benefit</u>							
Chronic arthropathies (including osteoarthritis) with an inflammatory component;							
Bone pain due to malignant disease.							
<u>Note</u>							
Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.							
5186Y	Tablet 550 mg	50	12.77	13.86 ^a	Crysanal MD
				^B 2.17	14.94	13.86 ^a	Anaprox 550 RO

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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	
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Nervous system

Analgesics

Opioids

Natural opium alkaloids

CODEINE PHOSPHATE

Note

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

5063L	Tablet 30 mg	20	16.87	17.96	Fawns and McAllan Proprietary Limited	FM
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CODEINE PHOSPHATE with PARACETAMOL

3316M	Tablet 30 mg-500 mg	20	7.48	8.57 ^a	APO- Paracetamol/Code ine 500/30	TX
						^a	Codalgin Forte	FM
						^a	Codapane Forte	AL
						^a	Comfarol Forte	SZ
						^a	Prodeine Forte	AV
				^B 1.88	9.36	8.57 ^a	Panadeine Forte	SW

HYDROMORPHONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5115F	Tablet 2 mg	20	..	..	17.10	18.19	Dilaudid	MF
5116G	Tablet 4 mg	20	..	..	19.85	20.94	Dilaudid	MF
5117H	Tablet 8 mg	20	..	..	30.03	31.12	Dilaudid	MF
5132D	Oral liquid 1 mg per mL, 473 mL	1	..	..	63.70	35.40	Dilaudid	MF

MORPHINE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5237P	Oral solution 2 mg per mL, 200 mL	1	..	..	20.33	21.42	Ordine 2	MF
5238Q	Oral solution 5 mg per mL, 200 mL	1	..	..	22.73	23.82	Ordine 5	MF
5239R	Oral solution 10 mg per mL, 200 mL	1	..	..	26.86	27.95	Ordine 10	MF

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Note

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

5168B	Injection 10 mg in 1 mL	5	13.99	15.08	Hospira Pty Limited	HH
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**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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	
5169C	Injection 15 mg in 1 mL	5	..	..	14.35	15.44	Hospira Pty Limited	HH
5170D	Injection 30 mg in 1 mL	5	..	..	15.77	16.86	Hospira Pty Limited	HH

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5163R	Tablet 30 mg	20	14.03	15.12	Anamorph	FM
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OXYCODONE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5194J	Suppository 30 mg	12	43.66	35.40	Proladone	PL
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OXYCODONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Restricted benefit

Severe disabling pain not responding to non-narcotic analgesics.

Note

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

5190E	Oral solution 5 mg per 5 mL, 250 mL	1	..	..	20.72	21.81	OxyNorm Liquid 5mg/5mL	MF
5191F	Capsule 5 mg	20	..	..	12.30	13.39	OxyNorm	MF
5195K	Tablet 5 mg	20	..	..	12.30	13.39	Endone	QA
5197M	Capsule 10 mg	20	..	..	15.42	16.51	OxyNorm	MF

Other opioids

TRAMADOL HYDROCHLORIDE

Restricted benefit

For acute pain where aspirin and/or paracetamol alone are inappropriate or have failed;

For dosage titration in chronic pain where aspirin and/or paracetamol alone are inappropriate or have failed.

5232J	Capsule 50 mg	20	..	..	8.39	9.48	^a APO-Tramadol	TX
							^a Chem mart	CH
							Tramadol	
							^a GA Tramadol 50mg	GM
							^a GenRx Tramadol	GX
							^a Lodam 50	ZP
							^a Terry White Chemists	TW
							Tramadol	
							^a Tramadol Sandoz	SZ
							^a Tramedo	AF
							^a Zydol	QA
				^B 1.83	10.22	9.48	^a Tramal	CS

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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	
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TRAMADOL HYDROCHLORIDE								
<u>Restricted benefit</u>								
For pain where aspirin and/or paracetamol alone are inappropriate or have failed.								
5150C	Oral drops 100 mg per mL, 10 mL	‡1	..	..	13.71	14.80	Tramal	CS
<hr/>								
TRAMADOL HYDROCHLORIDE								
<u>Restricted benefit</u>								
Short-term treatment of acute pain.								
5231H	Injection 100 mg in 2 mL	5	..	..	13.10	14.19	^a Tramahexal ^a Tramal 100	SZ CS
 Other analgesics and antipyretics								
<i>Salicylic acid and derivatives</i>								
ASPIRIN								
5018D	Tablet 300 mg (dispersible)	96	..	..	8.50	9.59	Solprin	RC
 <i>Anilides</i>								
PARACETAMOL								
3348F	Oral liquid 120 mg per 5 mL, 100 mL	‡1	..	..	9.38	10.47	Panamax	SW
3349G	Oral liquid 240 mg per 5 mL, 200 mL	‡1	..	..	10.68	11.77	Panamax 240 Elixir	SW
5196L	Tablet 500 mg	100	..	..	8.32	9.41	^a APO-Paracetamol ^a Chem mart Paracetamol ^a Febridol ^a Generic Health Pty Ltd ^a Panamax ^a Paracetamol Sandoz ^a Paralgin ^a Pharmacy Choice Paracetamol ^a Terry White Chemists Paracetamol	TX XS GM GQ SW SZ FM YM YS
<hr/>								
PARACETAMOL								
<u>Restricted benefit</u>								
Chronic arthropathies.								
5224Y	Tablet 500 mg	300	..	..	*12.12	13.21	^a APO-Paracetamol ^a Chem mart Paracetamol ^a Febridol ^a Generic Health Pty Ltd ^a Panamax ^a Paracetamol Sandoz ^a Paralgin ^a Pharmacy Choice Paracetamol ^a Terry White	TX XS GM GQ SW SZ FM YM YS

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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	
							Chemists	Paracetamol

Antiepileptics

Antiepileptics

Carboxamide derivatives

CARBAMAZEPINE

5037D	Tablet 400 mg (controlled release)	200	..	..	49.02	35.40	Tegretol CR 400	NV
5038E	Tablet 200 mg (controlled release)	200	..	..	29.48	30.57	Tegretol CR 200	NV
5039F	Tablet 100 mg	200	..	^B 2.96	*21.46	19.59	^a Tegretol 100	NV
				..	18.51	19.60	^a Carbamazepine	SZ
							Sandoz	
5040G	Tablet 200 mg	200	..	^B 2.96	*31.96	30.09	^a Tegretol 200	NV
				..	29.02	30.11	^a Carbamazepine	SZ
							Sandoz	
							^a Teril	AF
5041H	Oral suspension 100 mg per 5 mL, 300 mL	‡1	..	..	21.35	22.44	Tegretol Liquid	NV

Anti-Parkinson drugs

Anticholinergic agents

Ethers of tropine or tropine derivatives

BENZTROPINE MESYLATE

5031T	Injection 2 mg in 2 mL	5	103.59	35.40	Cogentin	FK
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Psycholeptics

Anxiolytics

Benzodiazepine derivatives

DIAZEPAM

5071X	Tablet 2 mg	50	7.72	8.81	^a Antenex 2	AF
							^a APO-Diazepam	TX
							^a Ranzepam	RA
							^a Valpam 2	QA
				^B 0.82	8.54	8.81	^a Valium	RO
5072Y	Tablet 5 mg	50	..	..	7.85	8.94	^a Antenex 5	AF
							^a APO-Diazepam	TX
							^a Diazepam-GA	GM
							^a Ranzepam	RA
							^a Valpam 5	QA
				^B 0.85	8.70	8.94	^a Valium	RO
5073B	Injection 10 mg in 2 mL	5	..	..	12.29	13.38	Hospira Pty Limited	HH

OXAZEPAM

5192G	Tablet 15 mg	25	..	..	7.65	8.74	^a Alepam 15	AF
				^B 2.69	10.34	8.74	^a Serepax	QA
5193H	Tablet 30 mg	25	..	..	7.65	8.74	^a Alepam 30	AF
							^a APO-Oxazepam	TX
							^a Murelax	FM
				^B 2.69	10.34	8.74	^a Serepax	QA

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

					Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	\$	\$	Brand Name and Manufacturer	
Hypnotics and sedatives								
Benzodiazepine derivatives								
NITRAZEPAM								
5189D	Tablet 5 mg	25	..	..	7.82	8.91	^a	Alodorm
				^B 1.45	9.27	8.91	^a	Mogadon
TEMAZEPAM								
5221T	Tablet 10 mg	25	..	..	7.46	8.55	^a	APO-Temazepam
							^a	Temaze
							^a	Temtabs
				^B 1.21	8.67	8.55	^a	Normison
								TX
								AF
								FM
								QA

PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

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

Respiratory system

Drugs for obstructive airway diseases

Adrenergics for systemic use
Alpha- and beta-adrenoceptor agonists

ADRENALINE							
5004J	Injection 1 mg in 1 mL (1 in 1,000)	5	..	..	20.34	21.43	Link Medical Products Pty Ltd LM

PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY

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

Sensory organs

Ophthalmologicals

Antiinfectives
Antibiotics

CHLORAMPHENICOL							
5055C	Eye drops 5 mg per mL (0.5%), 10 mL	‡1	..	..	11.00	12.09	Chloromycetin PF Chlorsig QA

**PREPARATIONS WHICH MAY BE PRESCRIBED BY PARTICIPATING
DENTAL PRACTITIONERS FOR DENTAL TREATMENT ONLY**

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
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Various

All other therapeutic products

All other therapeutic products
Antidotes

5175J	NALOXONE HYDROCHLORIDE Injection 2 mg in 5 mL	1	43.49	35.40	Naloxone Min-I-Jet CS
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All other non-therapeutic products

All other non-therapeutic products
Solvents and diluting agents, incl. irrigating solutions

5211G	SODIUM CHLORIDE Injection 9 mg per mL (0.9%), 10 mL	5	8.12	9.21	Pfizer Australia Pty Ltd PF
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Pharmaceutical Benefits for Optometrical Use

**PREPARATIONS WHICH MAY BE PRESCRIBED BY AUTHORISED
OPTOMETRISTS FOR OPTOMETRICAL TREATMENT ONLY**

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	
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Sensory organs

Ophthalmologicals

Antiinfectives

Antibiotics

CHLORAMPHENICOL

5511C	Eye ointment 10 mg per g (1%), 4 g	†1	..	..	9.76	10.85	Chloromycetin	PF
							Chlorsig	QA
5512D	Eye drops 5 mg per mL (0.5%), 10 mL	†1	2	..	11.00	12.09	Chloromycetin	PF
							Chlorsig	QA

GENTAMICIN SULFATE

Restricted benefit

Perioperative use in ophthalmic surgery;

Suspected pseudomonal eye infection.

5566Y	Eye drops 3 mg (base) per mL (0.3%), 5 mL	†1	2	..	18.29	19.38	Genoptic	AG
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TOBRAMYCIN

Restricted benefit

Perioperative use in ophthalmic surgery;

Suspected pseudomonal eye infection.

5569D	Eye drops 3 mg per mL (0.3%), 5 mL	†1	2	..	19.28	20.37	Tobrex	AQ
5570E	Eye ointment 3 mg per g (0.3%), 3.5 g	†1	..	..	22.38	23.47	Tobrex	AQ

Antivirals

ACICLOVIR

Restricted benefit

Herpes simplex keratitis.

5501M	Eye ointment 30 mg per g (3%), 4.5 g	†1	33.63	34.72	Zovirax	GK
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Other antiinfectives

CIPROFLOXACIN

Authority required

Bacterial keratitis under the supervision and direction of an ophthalmologist.

5564W	Eye drops 3 mg per mL (0.3%), 5 mL	2	..	..	*28.48	29.57 ^a	CiloQuin	IQ
				^B 2.06	*30.54	29.57 ^a	Ciloxan	AQ

OFLOXACIN

Authority required

Bacterial keratitis under the supervision and direction of an ophthalmologist.

5567B	Eye drops 3 mg per mL (0.3%), 5 mL	2	*32.14	33.23	Ocuflox	AG
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Antiinflammatory agents

Corticosteroids, plain

DEXAMETHASONE

Note

No applications for increased maximum quantities and/or repeats will be authorised.

5565X	Eye drops 1 mg per mL (0.1%), 5 mL	†1	10.61	11.70	Maxidex	AQ
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**PREPARATIONS WHICH MAY BE PRESCRIBED BY AUTHORISED
OPTOMETRISTS FOR OPTOMETRICAL TREATMENT ONLY**

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	
FLUOROMETHOLONE								
<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.								
5513E	Eye drops 1 mg per mL (0.1%), 5 mL	1	..	..	10.61	11.70	Flucon FML Liquifilm	AQ AG
FLUOROMETHOLONE ACETATE								
<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.								
5533F	Eye drops 1 mg per mL (0.1%), 5 mL	1	..	..	10.61	11.70	Flarex	AQ
HYDROCORTISONE ACETATE								
<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.								
5516H	Eye ointment 10 mg per g (1%), 5 g	1	..	..	12.69	13.78	Hycor	QA
<i>Corticosteroids and mydriatics in combination</i>								
PREDNISOLONE ACETATE with PHENYLEPHRINE HYDROCHLORIDE								
<u>Restricted benefit</u> Uveitis.								
<u>Note</u> No applications for increased maximum quantities and/or repeats will be authorised.								
5568C	Eye drops 10 mg-1.2 mg per mL (1%-0.12%), 10 mL	1	..	..	23.73	24.82	Prednefrin Forte	AG
<i>Antiinflammatory agents, non-steroids</i>								
FLURBIPROFEN SODIUM								
5514F	Eye drops 300 micrograms per mL (0.03%), single dose units 0.4 mL, 5	1	..	..	16.82	17.91	Ocufen	AG
Antiglaucoma preparations and miotics								
<i>Sympathomimetics in glaucoma therapy</i>								
BRIMONIDINE TARTRATE								
5534G	Eye drops 2 mg per mL (0.2%), 5 mL	1	5	.. ^B 1.63	20.14 21.77	21.23 21.23	^a Enidin ^a Alphagan	PE AG
5563T	Eye drops 1.5 mg per mL (0.15%), 5 mL	1	5	..	20.14	21.23	Alphagan P 1.5	AG
BRIMONIDINE TARTRATE with TIMOLOL MALEATE								
<u>Restricted benefit</u> Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy; Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.								
5535H	Eye drops 2 mg-5 mg (base) per mL (0.2%-0.5%), 5 mL	1	5	..	26.03	27.12	Combigan	AG
<i>Parasympathomimetics</i>								
PILOCARPINE HYDROCHLORIDE								
5536J	Eye drops 10 mg per mL (1%), 15 mL	1	5	..	12.53	13.62	Isopto Carpine	AQ
5537K	Eye drops 20 mg per mL (2%), 15 mL	1	5	..	13.78	14.87	Isopto Carpine	AQ
5538L	Eye drops 40 mg per mL (4%), 15 mL	1	5	..	16.63	17.72	Isopto Carpine	AQ

**PREPARATIONS WHICH MAY BE PRESCRIBED BY AUTHORISED
OPTOMETRISTS FOR OPTOMETRICAL TREATMENT ONLY**

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	
<i>Carbonic anhydrase inhibitors</i>								
BRINZOLAMIDE								
5540N	Eye drops 10 mg per mL (1%), 5 mL	‡1	5	.. ^B 1.18	22.77 23.95	23.86 ^a 23.86 ^a	BrinzoQuin Azopt	IQ AQ
BRINZOLAMIDE with TIMOLOL MALEATE								
<u>Restricted benefit</u>								
Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;								
Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.								
5562R	Eye drops 10 mg-5 mg (base) per mL (1%-0.5%), 5 mL	‡1	5	..	26.88	27.97	Azarga	AQ
DORZOLAMIDE HYDROCHLORIDE								
5541P	Eye drops 20 mg (base) per mL (2%), 5 mL	‡1	5	..	21.29	22.38	Trusopt	MK
DORZOLAMIDE HYDROCHLORIDE with TIMOLOL MALEATE								
<u>Restricted benefit</u>								
Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;								
Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.								
5542Q	Eye drops 20 mg (base)-5 mg (base) per mL (2%-0.5%), 5 mL	‡1	5	..	27.18	28.27	Cosopt	MK
<i>Beta blocking agents</i>								
BETAXOLOL HYDROCHLORIDE								
5543R	Eye drops, suspension, 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	..	14.77	15.86	Betoptic S	AQ
5544T	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	‡1	5	.. ^B 2.09	14.77 16.86	15.86 ^a 15.86 ^a	BetoQuin Betoptic	IQ AQ
TIMOLOL MALEATE								
5546X	Eye gel 1 mg (base) per g (0.1%), 5 g	‡1	5	..	12.87	13.96	Nyogel	NV
5547Y	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	‡1	5	.. ^B 3.03	11.54 14.57	12.63 ^a 12.63 ^a	Tenopt Timoptol	QA FR
5548B	Eye drops 5 mg (base) per mL (0.5%), 5 mL	‡1	5	.. ^B 3.03	12.31 15.34	13.40 ^a 13.40 ^a	Tenopt Timoptol	QA FR
5549C	Eye drops (gellan gum solution) 2.5 mg (base) per mL (0.25%), 2.5 mL	‡1	5	..	11.54	12.63	Timoptol XE	MK
5550D	Eye drops (gellan gum solution) 5 mg (base) per mL (0.5%), 2.5 mL	‡1	5	..	12.31	13.40	Timoptol XE	MK
<i>Prostaglandin analogues</i>								
BIMATOPROST								
5551E	Eye drops 300 micrograms per mL (0.03%), 3 mL	‡1	5	..	42.14	35.40	Lumigan	AG
BIMATOPROST with TIMOLOL MALEATE								
<u>Restricted benefit</u>								
Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;								
Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.								
5558M	Eye drops 300 micrograms-5 mg (base) per mL (0.03%-0.5%), 3 mL	‡1	5	..	46.59	35.40	Ganfort 0.3/5	AG

**PREPARATIONS WHICH MAY BE PRESCRIBED BY AUTHORISED
OPTOMETRISTS FOR OPTOMETRICAL TREATMENT ONLY**

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	
LATANOPROST								
5552F	Eye drops 50 micrograms per mL (0.005%), 2.5 mL	1	5	..	42.14	35.40	Xalatan	PF
LATANOPROST with TIMOLOL MALEATE								
<u>Restricted benefit</u>								
Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;								
Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.								
5553G	Eye drops 50 micrograms-5 mg (base) per mL (0.005%-0.5%), 2.5 mL	1	5	..	46.59	35.40	Xalacom	PF
TRAVOPROST								
5554H	Eye drops 40 micrograms per mL (0.004%), 2.5 mL	1	5	..	42.14	35.40	Travatan	AQ
TRAVOPROST with TIMOLOL MALEATE								
<u>Restricted benefit</u>								
Reduction of elevated intra-ocular pressure in a patient with open-angle glaucoma that is not adequately controlled with monotherapy;								
Reduction of elevated intra-ocular pressure in a patient with ocular hypertension that is not adequately controlled with monotherapy.								
5555J	Eye drops 40 micrograms-5 mg (base) per mL (0.004%-0.5%), 2.5 mL	1	5	..	46.59	35.40	Duotrav	AQ

Decongestants and antiallergics

Other antiallergics

SODIUM CROMOGLYCATE

Restricted benefit

Vernal kerato-conjunctivitis.

5529B	Eye drops 20 mg per mL (2%), 10 mL	1	5	..	14.21	15.30	^a Cromolux ^a Opticrom	AE SW
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Other ophthalmologicals

Other ophthalmologicals

CARBOMER

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome.

5503P	Eye gel 2 mg per g (0.2%), 10 g	1	5	..	10.27	11.36	GelTears	BU
						^a	PAA	NM
				^B 1.50	11.77	11.36	^a Viscotears	NV

CARBOMER

Authority required

Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.

5504Q	Eye gel 2 mg per g (0.2%), single dose units 0.6 mL, 30	3	5	..	*36.09	35.40	Viscotears Gel PF	NV
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CARBOMER 974

Authority required

Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.

5502N	Ocular lubricating gel 3 mg per g (0.3%), single dose units 0.5 g, 30	3	5	..	*36.06	35.40	Poly Gel	AQ
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**PREPARATIONS WHICH MAY BE PRESCRIBED BY AUTHORISED
OPTOMETRISTS FOR OPTOMETRICAL TREATMENT ONLY**

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	
CARMELLOSE SODIUM								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
5507W	Eye drops 5 mg per mL (0.5%), 15 mL	1	5	..	10.59	11.68	Refresh Tears Plus	AG
5508X	Eye drops 10 mg per mL (1%), 15 mL	1	5	..	10.59	11.68	Refresh Liquigel	AG
<hr/>								
CARMELLOSE SODIUM								
<u>Authority required</u>								
Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
5505R	Eye drops 10 mg per mL (1%), single dose units 0.4 mL, 30	3	5	..	*36.06	35.40	Celluvisc	AG
5506T	Eye drops 5 mg per mL (0.5%), single dose units 0.4 mL, 30	3	5	..	*36.06	35.40	Cellufresh	AG
5509Y	Eye drops 2.5 mg per mL (0.25%), single dose units 0.6 mL, 24	4	5	..	*40.42	35.40	TheraTears	CX
5510B	Ocular lubricating gel 10 mg per mL (1%), single dose units 0.6 mL, 28	3	5	..	*34.08	35.17	TheraTears	CX
CARMELLOSE SODIUM with GLYCERIN								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
<u>Note</u>								
The in-use shelf life of Optive is 6 months from the date of opening.								
5556K	Eye drops 5 mg-9 mg per mL (0.5%-0.9%), 15 mL	1	3	..	10.59	11.68	Optive	AG
<hr/>								
CARMELLOSE SODIUM with GLYCERIN								
<u>Authority required</u>								
Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
5561Q	Eye drops 5 mg-9 mg per mL (0.5%-0.9%), single dose units 0.4 mL, 30	3	5	..	*36.06	35.40	Optive	AG
HYPROMELLOSE								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
5517J	Eye drops 5 mg per mL (0.5%), 15 mL	1	5	..	10.27	11.36	Methopt	QA
5518K	Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	1	5	..	10.27	11.36 ^a	In a Wink	NM
				^B 1.95	12.22	11.36 ^a	Moisturising Genteal	NV
HYPROMELLOSE with CARBOMER 980								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
5519L	Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g	1	5	..	10.27	11.36 ^a	HPMC PAA	NM
				^B 1.95	12.22	11.36 ^a	Genteal gel	NV
HYPROMELLOSE with DEXTRAN								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
5520M	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	1	5	..	10.49	11.58 ^a	Poly-Tears	IQ
				^B 1.77	12.26	11.58 ^a	Tears Naturale	AQ

**PREPARATIONS WHICH MAY BE PRESCRIBED BY AUTHORISED
OPTOMETRISTS FOR OPTOMETRICAL TREATMENT ONLY**

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	
<hr/>								
HYPROMELLOSE with DEXTRAN								
<u>Authority required</u>								
Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
5521N	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), single dose units 0.4 mL, 28	3	5	..	*35.07	35.40	Bion Tears	AQ
 PARAFFIN								
5522P	Pack containing 2 tubes compound eye ointment 3.5 g	1	5	..	20.60	21.69	Poly Visc	IQ
5523Q	Compound eye ointment 3.5 g	2	5				^a Ircal	PE
				^B 2.12	22.72	21.69	^a Lacri-Lube	AG
				..	*21.24	22.33	^a Poly Visc	IQ
				^B 2.18	*23.42	22.33	^a Duratears	AQ
 POLYETHYLENE GLYCOL 400								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
<u>Note</u>								
The in-use shelf life of Blink Intensive Tears multi-dose formulation is 45 days from the date of opening.								
5559N	Eye drops 2.5 mg per mL (0.25%), 15 mL	1	5	..	10.59	11.68	Blink Intensive Tears	AO
<hr/>								
POLYETHYLENE GLYCOL 400								
<u>Authority required</u>								
Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
5560P	Eye drops 2.5 mg per mL (0.25%), single dose units 0.4 mL, 20	5	5	..	*39.37	35.40	Blink Intensive Tears	AO
 POLYETHYLENE GLYCOL 400 with PROPYLENE GLYCOL								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
5524R	Eye drops 4 mg-3 mg per mL (0.4%-0.3%), 15 mL	1	5	..	10.59	11.68	Systane	AQ
<hr/>								
POLYETHYLENE GLYCOL 400 with PROPYLENE GLYCOL								
<u>Authority required</u>								
Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.								
5532E	Eye drops 4 mg-3 mg per mL (0.4%-0.3%), single dose units 0.8 mL, 28	2	5	..	*34.08	35.17	Systane	AQ
 POLYVINYL ALCOHOL								
<u>Restricted benefit</u>								
Severe dry eye syndrome, including Sjogren's syndrome.								
5525T	Eye drops 30 mg per mL (3%), 15 mL	1	5	..	10.27	11.36	^a PVA Forte	PE
5526W	Eye drops 14 mg per mL (1.4%), 15 mL	1	5	^B 5.59	15.86	11.36	^a Liquifilm Forte	AG
				..	10.27	11.36	^a PVA Tears	PE
				^B 1.60	11.87	11.36	^a Liquifilm Tears	AG
5527X	Eye drops 14 mg per mL (1.4%), 15 mL (contains sodium chlorite/hydrogen peroxide as preservative)	1	5	..	10.27	11.36	Vistil	AE
5528Y	Eye drops 30 mg per mL (3%), 15 mL (contains sodium chlorite/hydrogen peroxide as	1	5	..	10.27	11.36	Vistil Forte	AE

**PREPARATIONS WHICH MAY BE PRESCRIBED BY AUTHORISED
OPTOMETRISTS FOR OPTOMETRICAL TREATMENT ONLY**

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	
	preservative)							
	SOY LECITHIN							
	<u>Authority required</u>							
	Severe dry eye syndrome in patients who are sensitive to preservatives in multi-dose eye drops.							
5545W	Eye spray 10 mg per mL (1%), 10 mL	2	5	..	*36.06	35.40	tearsagain	RB

Ophthalmological and otological preparations
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Antiinfectives

Antiinfectives

	FRAMYCETIN SULFATE							
5557L	Eye and ear drops 5 mg per mL (0.5%), 8 mL	±1	2	..	10.11	11.20	Soframycin	SW

Items Available under Special Arrangements (Section 100)

Section 100 – Items Available under Special Arrangement

In addition to the drugs and medicinal preparations available under normal PBS arrangements listed in this Schedule, a number of drugs are also available as pharmaceutical benefits but are distributed under alternative arrangements where these are considered more appropriate.

These alternative arrangements are provided for under section 100 of the National Health Act 1953. Several programs exist for the provision of drugs as pharmaceutical benefits in this way and this section lists those drugs which are available under the following programs:

- **Highly Specialised Drugs Program**
- **Botulinum Toxin Program**
- **Human Growth Hormone Program**
- **IVF/GIFT Program**
- **Opiate Dependence Treatment Program**

Complete details concerning the availability of drugs as benefits under these programs may be obtained by telephoning the relevant contact number(s) shown in each section, or in certain cases, by referring to the telephone number provided for individual drugs listings.

Section 100 – Highly Specialised Drugs Program

The Australian Government provides funding for certain specialised medications under the Highly Specialised Drugs Program. Highly Specialised Drugs are medicines for the treatment of chronic conditions which, because of their clinical use or other special features, are restricted to supply through public and private hospitals having access to appropriate specialist facilities. To prescribe these drugs as pharmaceutical benefit items, medical practitioners are required to be affiliated with these specialist hospital units. A general practitioner or non-specialist hospital doctor may only prescribe Highly Specialised Drugs to provide maintenance therapy under the guidance of the treating specialist.

Benefits are available for the listed clinical indications only. There is no facility for individual patient approval for indications outside those listed.

To gain access to a Commonwealth funded drug under this program, a patient must attend a participating hospital and be a day admitted patient, a non-admitted patient or a patient on discharge, be under appropriate specialist medical care, meet the specific medical criteria and be an Australian resident in Australia (or other eligible person).

A patient will be required to pay a contribution for each supply of a highly specialised drug at a similar rate to the Pharmaceutical Benefits Scheme. Commonwealth subsidy is not available for hospital in-patients.

Reciprocal Health Care Agreement – Where a patient is entitled to be treated as an eligible person as a visitor from a country with which Australia has entered into a Reciprocal Health Care Agreement, the supply will be limited to the original prescription only. Repeat prescriptions for these patients are not permitted.

Private Hospitals – **In addition to the above requirements**, for Highly Specialised Drugs prescribed through private hospitals, claiming and approval of authority prescriptions is administered by Medicare Australia. Highly Specialised Drugs are authority required items. Medical practitioners must seek approval to prescribe these items as pharmaceutical benefits prior to their dispensing under the PBS. Approval of authority prescriptions by Medicare Australia may be obtained either by posting an Authority Prescription Form to Medicare Australia, or by using Medicare Australia's Authority Freecall service (1800 888 333). **Prescribers must quote the provider number of the hospital when applying.** Not more than two months' supply (one month's supply in the case of Clozapine), with provision for up to 5 repeats, will be authorised. Prescriptions for Highly Specialised Drugs can be dispensed by an approved private hospital's dispensary or by a community pharmacy.

The remuneration rates for Highly Specialised Drugs prescribed through private hospitals comprise the normal PBS ready- prepared dispensing fee plus a mark-up ascertained as follows:

- 10% for drugs with a price ex-manufacturer of less than \$40;
- \$4 for drugs with a price ex-manufacturer of between \$40 and \$100;
- 4% for drugs with a price ex-manufacturer of between \$100.01 and \$1000;
- \$40 for drugs with a price ex-manufacturer of greater than \$1000.

Public Hospitals – For Highly Specialised Drugs prescribed through public hospitals, claiming and access to the program is administered by the States/Territories Health Departments. Prescriptions for Highly Specialised Drugs can be dispensed by public hospital pharmacies.

If you would like further information about the Highly Specialised Drugs Program, please contact your pharmacy, Medicare Australia (Ph: 132 290) or the Australian Government adviser, the Highly Specialised Drugs Working Party Secretariat (Ph: (02) 6289 2331).

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Blood and blood forming organs

Antihemorrhagics

Vitamin K and other hemostatics

Other systemic hemostatics

ELTROMBOPAG

Note

Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

Any queries concerning the arrangements to prescribe eltrombopag 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 eltrombopag 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.

Authority required

Initial (new patients)

Initial treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with severe chronic immune (idiopathic) thrombocytopenic purpura (ITP) who is:

(1) Splenectomised and:

(a) has had an inadequate response to, or is intolerant to, corticosteroid therapy post splenectomy; and

(b) has had an inadequate response to, or is intolerant to, immunoglobulin therapy post splenectomy;

OR

(2) Not splenectomised and:

(a) has had an inadequate response, or is intolerant to, corticosteroid therapy at a dose equivalent to 0.5-2 mg/kg/day of prednisone for at least 4-6 weeks; and

(b) has had an inadequate response, or is intolerant to, immunoglobulin therapy; and

(c) in whom splenectomy is contraindicated for medical reasons.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of initial application:

(a) a platelet count of less than or equal to 20,000 million per L;

OR

(b) a platelet count of 20-30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

The authority application must be made in writing and must include:

(1) a completed authority prescription form,

(2) a signed patient acknowledgement,

(3) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)],

(4) a copy of a full blood count pathology report supporting the diagnosis of ITP, and

(5) where the application is sought on the basis of a medical contraindication to surgery, a signed and dated letter from the clinician making this assessment which includes the date upon which the patient was assessed for surgery and the clinical grounds upon which surgery is contraindicated.

The full blood count must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with eltrombopag will be authorised under this criterion.

Note

Patients will be able to trial either eltrombopag and/or romiplostim within the initial 24 weeks treatment period. Patients who fail to demonstrate a response to treatment with either eltrombopag and/or romiplostim under the initial restriction will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

No applications for increased repeats will be authorised.

Authority required

Initial (grandfather patients)

Initial treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with severe chronic immune (idiopathic) thrombocytopenic purpura (ITP) who was receiving treatment with eltrombopag prior to 1 November 2011 and in

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for		Brand Name and Manufacturer
					Max. Qty	\$	

whom the criteria for initial treatment can be demonstrated to have been met at the time eltrombopag was commenced.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form,
- (2) a signed patient acknowledgement,
- (3) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)], and
- (4) where the application is sought on the basis of a medical contraindication to surgery, a signed and dated letter from the clinician making this assessment which includes the date upon which the patient was assessed for surgery and the clinical grounds upon which surgery is contraindicated.

A maximum of 24 weeks of treatment with eltrombopag will be authorised under this criterion.

Note

No applications for increased repeats will be authorised.

Authority required

Continuing therapy or re-initiation after a break in therapy

First period of PBS-subsidised continuing treatment or re-initiation of interrupted PBS-subsidised treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who has displayed a sustained platelet response to treatment with eltrombopag during the initial period of PBS-subsidised treatment.

For the purposes of this restriction, a sustained platelet response is defined as:

- (a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the initial period of PBS-subsidised eltrombopag,

AND either of the following:

- (b) a platelet count greater than or equal to 50,000 million per L on at least four (4) occasions, each at least one week apart;

OR

- (c) a platelet count greater than 30,000 million per L and which is double the baseline (pre-treatment) platelet count on at least four (4) occasions, each at least one week apart.

Applications for the first period of continuing PBS-subsidised treatment or re-initiation of interrupted treatment must be made in writing and must include:

- (1) a completed authority prescription form, and
- (2) a completed Idiopathic Thrombocytopenic Purpura Continuing PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)], and
- (3) copies of the platelet count pathology reports (unless previously provided for patients re-initiating therapy).

The most recent platelet count must be no more than one month old at the time of application.

A maximum of 24 weeks of treatment with eltrombopag will be authorised under this criterion.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be made by telephone.

Note

No applications for increased repeats will be authorised.

Authority required

Second and subsequent applications for continuing therapy

Continuing treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who has previously received PBS-subsidised therapy with eltrombopag and who continues to display a response to treatment with eltrombopag.

For the purposes of this restriction, a continuing response to treatment with eltrombopag is defined as:

- (a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the most recent 24 week period of PBS-subsidised treatment with eltrombopag,

AND either of the following:

- (b) a platelet count greater than or equal to 50,000 million per L

OR

- (c) a platelet count greater than 30,000 million per L and which is double the baseline platelet count.

Platelet counts must be no more than 1 month old at the time of application.

Authority applications for second and subsequent periods of continuing therapy may be made by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

No applications for increased repeats will be authorised.

5827Q	Tablet 25 mg (as olamine)	28	5	..	1558.42	Revolade	GK
5828R	Tablet 50 mg (as olamine)	28	5	..	3070.42	Revolade	GK

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

ROMIPLOSTIM

Note

Romiplostim is not PBS-subsidised as an alternative to splenectomy.

Any queries concerning the arrangements to prescribe romiplostim 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 romiplostim 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.

Authority required

Initial (new patients)

Initial treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with severe chronic immune (idiopathic) thrombocytopenic purpura (ITP) who is:

(1) Splenectomised and:

(a) has had an inadequate response to, or is intolerant to, corticosteroid therapy post splenectomy; and

(b) has had an inadequate response to, or is intolerant to, immunoglobulin therapy post splenectomy;

OR

(2) Not splenectomised and:

(a) has had an inadequate response, or is intolerant to, corticosteroid therapy at a dose equivalent to 0.5-2 mg/kg/day of prednisone for at least 4-6 weeks; and

(b) has had an inadequate response, or is intolerant to, immunoglobulin therapy; and

(c) in whom splenectomy is contraindicated for medical reasons.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of initial application:

(a) a platelet count of less than or equal to 20,000 million per L;

OR

(b) a platelet count of 20-30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

The authority application must be made in writing and must include:

(1) a completed authority prescription form,

(2) a signed patient acknowledgement,

(3) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)],

(4) a copy of a full blood count pathology report supporting the diagnosis of ITP, and

(5) where the application is sought on the basis of a medical contraindication to surgery, a signed and dated letter from the clinician making this assessment which includes the date upon which the patient was assessed for surgery and the clinical grounds upon which surgery is contraindicated.

The full blood count must be no more than 1 month old at the time of application.

At the time of the written authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength to provide sufficient drug for a single treatment at a dose of 1 microgram/kg. Up to 1 repeat may be requested with the initial written application.

Subsequently during the initial period of dose titration, authority applications for a single dose and up to 1 repeat may be made by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The dose (microgram/kg/week) must be provided at the time of application.

Once a patient's dose has been stable for a period of 4 weeks, authority approvals for sufficient vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) for up to 4 weeks of treatment and up to 4 repeats may be granted, as long as the total period of treatment authorised under this restriction does not exceed 24 weeks.

Authority approval will not be given for doses of higher than 10 micrograms/kg/week.

Note

Patients will be able to trial either eltrombopag and/or romiplostim within the initial 24 weeks treatment period. Patients who fail to demonstrate a response to treatment with either eltrombopag and/or romiplostim under the initial restriction will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

Authority required

Initial (grandfather patients)

Initial PBS-subsidised treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with severe chronic immune (idiopathic) thrombocytopenic purpura (ITP) who was receiving treatment with romiplostim prior to 1 April 2011 and in

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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					Price for Max. Qty	Max. Qty	
					\$	\$	

whom the criteria for initial treatment can be demonstrated to have been met at the time romiplostim was commenced.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form,
- (2) a signed patient acknowledgement,
- (3) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)], and
- (4) where the application is sought on the basis of a medical contraindication to surgery, a signed and dated letter from the clinician making this assessment which includes the date upon which the patient was assessed for surgery and the clinical grounds upon which surgery is contraindicated.

For patients whose dose of romiplostim had been stable for at least 4 weeks at the time of the initial application for PBS-subsidy, the medical practitioner should request sufficient number of vials based on the weight of the patient and dose (microgram/kg/week) to provide up to 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.

Where the patient is in the titration phase of treatment with romiplostim, medical practitioners should request the appropriate quantity of vials of appropriate strength to provide sufficient drug for a single treatment at a dose of 1 microgram/kg. Up to 1 repeat may be requested with the initial written application.

Subsequently during the initial period of dose titration, authority applications for a single dose and up to 1 repeat may be made by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The dose (microgram/kg/week) must be provided at the time of application.

Once a patient's dose has been stable for a period of 4 weeks, authority approvals for sufficient vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) for up to 4 weeks of treatment and up to 4 repeats may be granted, as long as the total period of treatment authorised under this restriction does not exceed 24 weeks.

Authority approval will not be given for doses of higher than 10 micrograms/kg/week.

Authority required

Continuing therapy or re-initiation after a break in therapy

First period of PBS-subsidised continuing treatment or re-initiation of interrupted PBS-subsidised treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who has displayed a sustained platelet response to treatment with romiplostim during the initial period of PBS-subsidised treatment.

For the purposes of this restriction, a sustained platelet response is defined as:

- (a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the initial period of PBS-subsidised romiplostim,

AND either of the following:

- (b) a platelet count greater than or equal to 50,000 million per L on at least four (4) occasions, each at least one week apart;

OR

- (c) a platelet count greater than 30,000 million per L and which is double the baseline (pre-treatment) platelet count on at least four (4) occasions, each at least one week apart.

Applications for the first period of continuing PBS-subsidised treatment or re-initiation of interrupted treatment must be made in writing and must include:

- (1) a completed authority prescription form, and
- (2) a completed Idiopathic Thrombocytopenic Purpura Continuing PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)], and
- (3) copies of the platelet count pathology reports (unless previously provided for patients re-initiating therapy).

The most recent platelet count must be no more than one month old at the time of application.

The medical practitioner should request sufficient number of vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) to provide 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be made by telephone.

Authority approval will not be given for doses of higher than 10 micrograms/kg/week.

Authority required

Second and subsequent applications for continuing therapy

Continuing treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who has previously received PBS-subsidised therapy with romiplostim and who continues to display a response to treatment with romiplostim.

For the purposes of this restriction, a continuing response to treatment with romiplostim is defined as:

- (a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the most recent 24 week period of PBS-subsidised treatment with romiplostim,

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
<p>AND either of the following:</p> <p>(b) a platelet count greater than or equal to 50,000 million per L</p> <p>OR</p> <p>(c) a platelet count greater than 30,000 million per L and which is double the baseline platelet count.</p> <p>Platelet counts must be no more than 1 month old at the time of application.</p> <p>Authority applications for second and subsequent periods of continuing therapy may be made by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>The medical practitioner should request sufficient number of vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) to provide 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.</p> <p>Authority approval will not be given for doses of higher than 10 micrograms/kg/week.</p> <p><u>Note</u> Special Pricing Arrangements apply.</p>							
9697J	Powder for injection 375 micrograms (250 micrograms in 0.5 mL when reconstituted)	1	..	..	1023.02	Nplate	AN
9699L	Powder for injection 625 micrograms (500 micrograms in 1 mL when reconstituted)	1	..	..	2001.42	Nplate	AN

Antianemic preparations

Other antianemic preparations

Other antianemic preparations

DARBEPOETIN ALFA

Authority required

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

6320P	Injection 10 micrograms in 0.4 mL pre-filled syringe	8	5	..	*376.74	Aranesp	AN
6321Q	Injection 20 micrograms in 0.5 mL pre-filled syringe	8	5	..	*703.86	Aranesp	AN
6322R	Injection 30 micrograms in 0.3 mL pre-filled syringe	8	5	..	*960.58	Aranesp	AN
6323T	Injection 40 micrograms in 0.4 mL pre-filled syringe	8	5	..	*1160.02	Aranesp	AN
6324W	Injection 50 micrograms in 0.5 mL pre-filled syringe	8	5	..	*1423.20	Aranesp	AN
6325X	Injection 60 micrograms in 0.3 mL pre-filled syringe	8	5	..	*1663.08	Aranesp	AN
6326Y	Injection 100 micrograms in 0.5 mL pre-filled syringe	8	5	..	*2666.92	Aranesp	AN
6365B	Injection 150 micrograms in 0.3 mL pre-filled syringe	8	5	..	*3950.92	Aranesp	AN
6438W	Injection 80 micrograms in 0.4 mL pre-filled syringe	8	5	..	*2174.42	Aranesp	AN
6488L	Injection 20 micrograms in 0.5 mL pre-filled injection pen	8	5	..	*703.86	Aranesp SureClick	AN
6489M	Injection 40 micrograms in 0.4 mL pre-filled injection pen	8	5	..	*1160.02	Aranesp SureClick	AN
6490N	Injection 60 micrograms in 0.3 mL pre-filled injection pen	8	5	..	*1663.06	Aranesp SureClick	AN
6491P	Injection 80 micrograms in 0.4 mL pre-filled injection pen	8	5	..	*2174.42	Aranesp SureClick	AN
6492Q	Injection 100 micrograms in 0.5 mL pre-filled injection pen	8	5	..	*2666.90	Aranesp SureClick	AN
6493R	Injection 150 micrograms in 0.3 mL pre-filled injection pen	8	5	..	*3950.90	Aranesp SureClick	AN

EPOETIN ALFA

Authority required

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

6204M	Injection 2,000 units in 0.5 mL pre-filled syringe	12	5	..	*543.90	Epex 2000	JC
6205N	Injection 3,000 units in 0.3 mL pre-filled syringe	12	5	..	*700.00	Epex 3000	JC
6206P	Injection 4,000 units in 0.4 mL pre-filled syringe	12	5	..	*889.70	Epex 4000	JC
6207Q	Injection 10,000 units in 1 mL pre-filled syringe	12	5	..	*2016.72	Epex 10000	JC
6251B	Injection 1,000 units in 0.5 mL pre-filled syringe	12	5	..	*296.90	Epex 1000	JC
6302Q	Injection 5,000 units in 0.5 mL pre-filled syringe	12	5	..	*1103.76	Epex 5000	JC

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer	
					Price for Max. Qty \$		
6303R	Injection 6,000 units in 0.6 mL pre-filled syringe	12	5	..	*1301.56	Epex 6000	JC
6305W	Injection 8,000 units in 0.8 mL pre-filled syringe	12	5	..	*1674.34	Epex 8000	JC
6339P	Injection 40,000 units in 1 mL pre-filled syringe	2	5	..	*1300.42	Epex 40,000	JC
6434P	Injection 20,000 units in 0.5 mL pre-filled syringe	12	5	..	*3922.42	Epex 20,000	JC

EPOETIN BETA

Authority required

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

6480C	Injection 2,000 units in 0.3 mL pre-filled syringe	12	5	..	*543.90	NeoRecormon	RO
6481D	Injection 3,000 units in 0.3 mL pre-filled syringe	12	5	..	*700.00	NeoRecormon	RO
6482E	Injection 4,000 units in 0.3 mL pre-filled syringe	12	5	..	*889.70	NeoRecormon	RO
6483F	Injection 5,000 units in 0.3 mL pre-filled syringe	12	5	..	*1103.78	NeoRecormon	RO
6484G	Injection 6,000 units in 0.3 mL pre-filled syringe	12	5	..	*1301.56	NeoRecormon	RO
6485H	Injection 10,000 units in 0.6 mL pre-filled syringe	12	5	..	*2016.72	NeoRecormon	RO
6486J	Injection 20,000 units in 0.6 mL pre-filled syringe	12	5	..	*3922.42	NeoRecormon	RO

EPOETIN LAMBDA

Note

Epoetin lambda should only be administered by the intravenous route.

Authority required

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

9588P	Injection 5,000 units in 0.5 mL pre-filled syringe	12	5	..	*1048.12	Novicrit	NV
9590R	Injection 6,000 units in 0.6 mL pre-filled syringe	12	5	..	*1235.50	Novicrit	NV
9593X	Injection 8,000 units in 0.8 mL pre-filled syringe	12	5	..	*1588.66	Novicrit	NV
9595B	Injection 10,000 units in 1 mL pre-filled syringe	12	5	..	*1913.02	Novicrit	NV
9685R	Injection 1,000 units in 0.5 mL pre-filled syringe	12	5	..	*281.60	Novicrit	NV
9686T	Injection 2,000 units in 1 mL pre-filled syringe	12	5	..	*515.60	Novicrit	NV
9687W	Injection 3,000 units in 0.3 mL pre-filled syringe	12	5	..	*663.50	Novicrit	NV
9688X	Injection 4,000 units in 0.4 mL pre-filled syringe	12	5	..	*843.20	Novicrit	NV

METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA

Authority required

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

9574X	Injection 30 micrograms in 0.3 mL pre-filled syringe	2	5	..	*390.36	Mircera	RO
9575Y	Injection 50 micrograms in 0.3 mL pre-filled syringe	2	5	..	*646.34	Mircera	RO
9576B	Injection 75 micrograms in 0.3 mL pre-filled syringe	2	5	..	*938.28	Mircera	RO
9577C	Injection 100 micrograms in 0.3 mL pre-filled syringe	2	5	..	*1205.24	Mircera	RO
9578D	Injection 120 micrograms in 0.3 mL pre-filled syringe	2	5	..	*1388.06	Mircera	RO
9579E	Injection 200 micrograms in 0.3 mL pre-filled syringe	2	5	..	*1970.72	Mircera	RO
9580F	Injection 360 micrograms in 0.6 mL pre-filled syringe	2	5	..	*3372.94	Mircera	RO

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

Cardiovascular system

Antihypertensives

Other antihypertensives

Other antihypertensives

AMBRISENTAN

Caution

Ambrisentan is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of treatment with this drug.

Note

Any queries concerning the arrangements to prescribe ambrisentan 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

- (a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND
- (b) iloprost trometamol, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
 - drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND
- (c) epoprostenol sodium, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
- (d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND
- (e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND
- (f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with ambrisentan of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

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					Price for Max. Qty \$	

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with ambrisentan of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (c) WHO Functional Class IV primary pulmonary hypertension; OR
- (d) WHO Functional Class IV pulmonary arterial hypertension secondary to connective tissue disease.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial treatment with ambrisentan of patients with one of the following:

- (a) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised ambrisentan after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with ambrisentan; OR
- (b) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and whose most recent course of PBS-subsidised treatment was with an alternate PAH agent other than ambrisentan.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the

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particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with ambrisentan of patients who have received approval for initial PBS-subsidised treatment with ambrisentan and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of ambrisentan treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats will be authorised. Where fewer than 5 repeats are initially requested under this criterion, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

Special Pricing Arrangements apply.

9648T	Tablet 5 mg	30	..	..	4081.42	Volibris	GK
9649W	Tablet 10 mg	30	..	..	4081.42	Volibris	GK

BOSENTAN MONOHYDRATE

Caution

Bosentan monohydrate is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of treatment with this drug.

Note

Any queries concerning the arrangements to prescribe bosentan monohydrate 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

- (a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND

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(b) iloprost trometamol, of:

- primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
- primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
- drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND

(c) epoprostenol sodium, of:

- primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
- primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND

(e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND

(f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

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(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved

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					Price for Max. Qty	Max. Qty	
					\$	\$	

authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with bosentan monohydrate of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) two completed authority prescription forms [see Note for authority approval requirements]; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with bosentan monohydrate of adult patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (c) WHO Functional Class IV primary pulmonary hypertension; OR
- (d) WHO Functional Class IV pulmonary arterial hypertension secondary to connective tissue disease; OR

(e) WHO Functional Class III or IV pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Applications for authorisation must be in writing and must include:

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					Price for Max. Qty \$	

- (1) two completed authority prescription forms [see Note for authority approval requirements]; and
 (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 (i) RHC composite assessment; and
 (ii) ECHO composite assessment; and
 (iii) 6MWT; and
 (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial treatment with bosentan monohydrate of patients with one of the following:

- (a) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), who wish to re-commence PBS-subsidised bosentan monohydrate after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with bosentan monohydrate; OR
 (b) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and whose most recent course of PBS-subsidised treatment was with an alternate PAH agent other than bosentan monohydrate.

Applications for authorisation must be in writing and must include:

- (1) two completed authority prescription forms [see Note for authority approval requirements]; and
 (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
 (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
 (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with bosentan monohydrate of patients who have received approval for initial PBS-subsidised treatment with bosentan monohydrate and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of bosentan monohydrate treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
 (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 (i) RHC composite assessment; and
 (ii) ECHO composite assessment; and
 (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are initially requested under this criterion, authority approvals for sufficient repeats to complete a maximum of 6

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					\$	

months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Cessation of treatment (all patients)

Final PBS-subsidised supply for patients with WHO Functional Class III or IV primary pulmonary hypertension or WHO Functional Class III or IV pulmonary arterial hypertension secondary to connective tissue disease or WHO Functional Class III or IV pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), who have not responded to bosentan monohydrate therapy [see Note for definition of response], to allow for gradual cessation of treatment.

Applications for authorisation under this criterion should be made on the telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) [see Note on authority approval requirements].

Approval will only be granted for the 62.5 mg tablet strength. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment.

Under no circumstances will telephone approvals be granted for treatment that would extend the final treatment period beyond 1 month.

Note

Special Pricing Arrangements apply.

6429J	Tablet 62.5 mg (base)	60	..	..	4081.42	Tracleer	AT
6430K	Tablet 125 mg (base)	60	..	..	4081.42	Tracleer	AT

EPOPROSTENOL SODIUM

Note

Any queries concerning the arrangements to prescribe epoprostenol sodium 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

(a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND

(b) iloprost trometamol, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

— drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND

(c) epoprostenol sodium, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND

(e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND

(f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for		Brand Name and Manufacturer
					Max. Qty	\$	

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with epoprostenol sodium of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class IV primary pulmonary hypertension; OR
- (b) WHO Functional Class IV pulmonary arterial hypertension secondary to connective tissue disease.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial PBS-subsidised treatment with epoprostenol sodium of patients with one of the following:

- (a) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised epoprostenol sodium after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with epoprostenol sodium; OR
- (b) WHO Functional Class IV primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and who have received prior treatment with a PBS-subsidised PAH agent other than epoprostenol sodium; OR
- (c) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and who have failed to respond to a prior PBS-subsidised PAH agent.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent; and
- (5) for WHO Functional Class III patients, where this is the first application for epoprostenol sodium, assessment details of the PBS-subsidised PAH agent they have failed to respond to.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with epoprostenol sodium of patients who have received approval for initial PBS-subsidised treatment with epoprostenol sodium, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of epoprostenol sodium treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
<p>The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months) except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.</p> <p>The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p>							
5036C	Powder for I.V. infusion 500 micrograms (base) infusion administration set	1	..	..	52.11	Flolan Kit	GK
5042J	Powder for I.V. infusion 1.5 mg (base) infusion administration set	1	..	..	93.79	Flolan Kit	GK

ILOPROST TROMETAMOL

Note

Any queries concerning the arrangements to prescribe iloprost trometamol 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

- (a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND
- (b) iloprost trometamol, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
 - drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND
- (c) epoprostenol sodium, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
- (d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND
- (e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND
- (f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	Max. Qty	
					\$		

(including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for		Brand Name and Manufacturer
					Max. Qty	\$	

or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with iloprost trometamol of patients who have not received prior PBS-subsidised treatment with iloprost and who have been assessed by a physician from a designated hospital to have:

WHO Functional Class III drug-induced pulmonary arterial hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for		Brand Name and Manufacturer
					Max. Qty	\$	

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with iloprost trometamol of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III drug-induced pulmonary arterial hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class IV primary pulmonary hypertension; OR
- (c) WHO Functional Class IV pulmonary arterial hypertension secondary to connective tissue disease; OR
- (d) WHO Functional Class IV drug-induced pulmonary arterial hypertension.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial PBS-subsidised treatment with iloprost trometamol of patients with one of the following:

- (a) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised iloprost trometamol after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with iloprost trometamol; OR
- (b) WHO Functional Class IV primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and who have received prior treatment with a PBS-subsidised PAH agent other than iloprost trometamol; OR
- (c) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and who have failed to respond to a prior PBS-subsidised PAH agent.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent; and
- (5) for WHO Functional Class III patients, where this is the first application for iloprost trometamol, assessment details of the PBS-subsidised PAH

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

agent they have failed to respond to.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with iloprost trometamol of patients who have received approval for initial PBS-subsidised treatment with iloprost trometamol, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of iloprost trometamol treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

Special Pricing Arrangements apply.

6456T	Solution for inhalation 20 micrograms (base) in 2 mL	30	1122.42	Ventavis	BN
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SILDENAFIL CITRATE

Note

Any queries concerning the arrangements to prescribe sildenafil citrate 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

- (a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND
- (b) iloprost trometamol, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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					Price for Max. Qty	\$	

Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 — primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
 — drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND
 (c) epoprostenol sodium, of:
 — primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 — primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
 (d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND
 (e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND
 (f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

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					Price for Max. Qty	\$	

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

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					Price for Max. Qty \$	

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with sildenafil citrate of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR

(b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with sildenafil citrate of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR

(b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the

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					Max. Qty	\$	

particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial PBS-subsidised treatment with sildenafil citrate of patients with one of the following:

- (a) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised sildenafil citrate after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with sildenafil citrate; OR
- (b) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and whose most recent course of PBS-subsidised treatment was with a PAH agent other than sildenafil citrate.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with sildenafil citrate of patients who have received approval for initial PBS-subsidised treatment with sildenafil citrate, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of sildenafil citrate treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

9605M	Tablet 20 mg (base)	90	940.79	Revatio	PF
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TADALAFIL

Note

Any queries concerning the arrangements to prescribe tadalafil 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 PAH agents should be forwarded to:

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

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

(a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND

(b) iloprost trometamol, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

— drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND

(c) epoprostenol sodium, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND

(e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND

(f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or

(ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or

(iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter

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					\$	

(RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

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The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with tadalafil of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with tadalafil of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO;

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial treatment with tadalafil of patients with one of the following:

- (a) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised tadalafil after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with tadalafil; OR
- (b) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and whose most recent course of PBS-subsidised treatment was with a PAH agent other than tadalafil.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with tadalafil of patients who have received approval for initial PBS-subsidised treatment with tadalafil, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of tadalafil treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

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					\$	
The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats will be authorised. Where fewer than 5 repeats are initially requested under this criterion, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).						
1304P	Tablet 20 mg	56	878.49	Adcirca LY

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Systemic hormonal preparations, excl. sex hormones and insulins

Pituitary and hypothalamic hormones and analogues

Hypothalamic hormones

Somatostatin and analogues

LANREOTIDE ACETATE

Authority required

Active acromegaly in a patient with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND

- (a) after failure of other therapy including dopamine agonists; or
- (b) as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or
- (c) if the patient is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated.

In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (6 weeks after the last dose). Lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Treatment must cease if IGF1 is not lower after 3 months treatment.

6332G	Powder for suspension for injection 30 mg (base) with diluent ampoule	2	11	..	*1546.42	Somatuline LA	IS
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LANREOTIDE ACETATE

Authority required

Active acromegaly in a patient with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND

- (a) after failure of other therapy including dopamine agonists; or
- (b) as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or
- (c) if the patient is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated.

In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose). Lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Treatment must cease if IGF1 is not lower after 3 months treatment;

Functional carcinoid tumour causing intractable symptoms. The patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, and surgery or antineoplastic therapy must have failed or be inappropriate.

Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

6423C	Injection 60 mg (base) in single dose pre-filled syringe	2	11	..	*2736.42	Somatuline Autogel	IS
6424D	Injection 90 mg (base) in single dose pre-filled syringe	2	11	..	*3626.42	Somatuline Autogel	IS
6425E	Injection 120 mg (base) in single dose pre-filled syringe	2	11	..	*4526.42	Somatuline Autogel	IS

OCTREOTIDE

Authority required

Active acromegaly in a patient with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND

- (a) after failure of other therapy including dopamine agonists; or
- (b) as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or
- (c) if the patient is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated.

In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks. Octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Treatment must cease if IGF1 is not lower after 3 months treatment at a dose of 100 micrograms 3 times daily;

Functional carcinoid tumour or vasoactive intestinal peptide secreting tumour (VIPoma) causing intractable symptoms. The patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, and surgery or antineoplastic therapy must have failed or be inappropriate.

Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

6227R	Injection 50 micrograms (as acetate) in 1 mL	90	11	..	*650.28 ^a	Hospira Pty Limited	HH
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6228T	Injection 100 micrograms (as acetate) in 1 mL	90	11	..	*1282.80	^a Octreotide MaxRx	XF
						^a Sandostatin 0.05	NV
						^a Hospira Pty Limited	HH
						^a Octreotide MaxRx	XF
6229W	Injection 500 micrograms (as acetate) in 1 mL	90	11	..	*6240.90	^a Sandostatin 0.1	NV
						^a Hospira Pty Limited	HH
						^a Octreotide MaxRx	XF
						^a Sandostatin 0.5	NV

OCTREOTIDE

Authority required

Acromegaly in a patient controlled on Sandostatin subcutaneous injections.

In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose). Octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Treatment must cease if IGF1 is not lower after 3 months of treatment;

Functional carcinoid tumour or vasoactive intestinal peptide secreting tumour (VIPoma) with symptom control on Sandostatin subcutaneous injections.

Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with Sandostatin subcutaneous injections. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

6426F	Injection (modified release) 10 mg (as acetate), vial and diluent syringe	1	11	..	1353.28	Sandostatin LAR	NV
6427G	Injection (modified release) 20 mg (as acetate), vial and diluent syringe	1	11	..	1786.23	Sandostatin LAR	NV
6428H	Injection (modified release) 30 mg (as acetate), vial and diluent syringe	1	11	..	2223.88	Sandostatin LAR	NV

Calcium homeostasis

Anti-parathyroid agents

Other anti-parathyroid agents

CINACALCET

Authority required

Management, including initiation and stabilisation, by a nephrologist, of a patient with chronic kidney disease on dialysis who has sustained secondary hyperparathyroidism with iPTH of at least 50 pmol per L, not responding to conventional therapy.

Note

During the titration phase, intact PTH should be monitored 4 weekly (measured at least 12 hours post dose) and dose titrated until an appropriate iPTH concentration is achieved. During the titration phase, approval will be limited to sufficient supply for 4 weeks treatment at a time, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

During the maintenance phase, approval will be limited to provide sufficient quantity for 4 weeks treatment up to a maximum of 6 months supply for doses between 30 and 180 mg per day according to the patient's response and tolerability. Intact PTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

"Sustained" means the abnormality was detected on at least 2 blood samples collected over a period of 2 to 4 months.

Authority required

Management, including initiation and stabilisation, by a nephrologist, of a patient with chronic kidney disease on dialysis who has sustained secondary hyperparathyroidism with iPTH of at least 15 pmol per L and less than 50 pmol per L AND an (adjusted) serum calcium concentration at least 2.6 mmol per L, not responding to conventional treatment.

Note

During the titration phase, intact PTH should be monitored 4 weekly (measured at least 12 hours post dose) and dose titrated until an appropriate iPTH concentration is achieved. During the titration phase, approval will be limited to sufficient supply for 4 weeks treatment at a time, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

During the maintenance phase, approval will be limited to provide sufficient quantity for 4 weeks treatment up to a maximum of 6 months supply for doses between 30 and 180 mg per day according to the patient's response and tolerability. Intact PTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

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					\$	

"Sustained" means the abnormality was detected on at least 2 blood samples collected over a period of 2 to 4 months.

Note

Special Pricing Arrangements apply.

9625N	Tablet 30 mg (as hydrochloride)	56	5	..	*623.88	Sensipar	AN
9626P	Tablet 60 mg (as hydrochloride)	56	5	..	*1233.86	Sensipar	AN
9627Q	Tablet 90 mg (as hydrochloride)	56	5	..	*1827.58	Sensipar	AN

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Antiinfectives for systemic use

Antibacterials for systemic use

Macrolides, lincosamides and streptogramins

Macrolides

AZITHROMYCIN

Authority required

Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.

6221K	Tablet 600 mg (as dihydrate)	16	5	..	*124.94	Zithromax	PF
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CLARITHROMYCIN

Authority required

Treatment of Mycobacterium avium complex infections.

6151R	Tablet 250 mg	100	2	..	36.90	Klacid	AB
6152T	Tablet 500 mg	100	2	..	65.74	Klacid	AB

Antimycobacterials

Drugs for treatment of tuberculosis

Antibiotics

RIFABUTIN

Authority required

Treatment of Mycobacterium avium complex infections in HIV-positive patients;

Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.

6195C	Capsule 150 mg	120	5	..	*617.94	Mycobutin	PF
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Antivirals for systemic use

Direct acting antivirals

Nucleosides and nucleotides excl. reverse transcriptase inhibitors

CIDOFOVIR

Authority required

Treatment of cytomegalovirus retinitis in patients with AIDS.

6247T	Solution for I.V. infusion 375 mg (anhydrous) in 5 mL single use vial	4	3	..	*3646.42	Vistide	GI
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GANCICLOVIR

Authority required

Cytomegalovirus retinitis in severely immunocompromised patients;

Prophylaxis of cytomegalovirus disease in bone marrow transplant patients at risk of cytomegalovirus disease;

Prophylaxis of cytomegalovirus disease in solid organ transplant patients at risk of cytomegalovirus disease.

6136Y	Powder for I.V. infusion 500 mg (as sodium)	10	1	..	*588.82	Cymevene	RO
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VALACICLOVIR

Authority required

Prophylaxis of cytomegalovirus (CMV) infection and disease following renal transplantation in patients at risk of CMV disease.

6280M	Tablet 500 mg (as hydrochloride)	500	2	..	*2162.32	^a APO-Valaciclovir	TX
						^a Valaciclovir RBX	RA
						^a Valtrex	GK
						^a Valvala	NV

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					Price for Max. Qty \$	

^a Zelitrex GM

VALGANCICLOVIR HYDROCHLORIDE

Authority required

Cytomegalovirus retinitis in patients with acquired immunodeficiency syndrome;

Prophylaxis of cytomegalovirus infection and disease in solid organ transplant patients at risk of cytomegalovirus disease.

6357N	Tablet 450 mg (base)	120	5	..	*4538.02	Valcyte	RO
9675F	Powder for oral solution 50 mg (base) per mL, 100 mL	11	5	..	*#4623.83	Valcyte	RO

Phosphonic acid derivatives

FOSCARNET SODIUM

Authority required

Treatment of cytomegalovirus retinitis in patients with AIDS;

Treatment of aciclovir-resistant herpes simplex virus infection in immunocompromised patients with HIV infection.

6134W	I.V. infusion 24 mg per mL, 250 mL	6	1	..	1223.92	Foscavir	IX
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Protease inhibitors

ATAZANAVIR

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

6451M	Capsule 150 mg (as sulfate)	120	5	..	*1090.24	Reyataz	BQ
6452N	Capsule 200 mg (as sulfate)	120	5	..	*1438.18	Reyataz	BQ
9614B	Capsule 300 mg (as sulfate)	60	5	..	*1090.24	Reyataz	BQ
9646Q	Capsule 100 mg (as sulfate)	120	5	..	*730.14	Reyataz	BQ

DARUNAVIR

Authority required

Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents, and co-administered with 100 mg ritonavir in an antiretroviral experienced patient who, after at least one antiretroviral regimen, has experienced virological failure or clinical failure or genotypic resistance, and who has not demonstrated darunavir resistance associated mutations detected on resistance testing.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

5823L	Tablet 400 mg (as ethanolate)	120	5	..	*1444.70	Prezista	JC
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DARUNAVIR

Authority required

Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents, and co-administered with 100 mg ritonavir twice daily in an antiretroviral experienced patient who, after at least one antiretroviral regimen, has experienced virological failure or clinical failure or genotypic resistance.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

5000E	Tablet 600 mg (as ethanolate)	120	5	..	*2143.84	Prezista	JC
9581G	Tablet 150 mg (as ethanolate)	240	5	..	1095.13	Prezista	JC
9616D	Tablet 300 mg (as ethanolate)	240	5	..	*2143.84	Prezista	JC

FOSAMPRENAVIR

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
6453P	Tablet 700 mg (as calcium)	120	5	..	*795.08	Telzir	VI
6454Q	Oral liquid 50 mg (as calcium) per mL, 225 mL	8	5	..	*851.38	Telzir	VI
INDINAVIR							
<u>Authority required</u>							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
6202K	Capsule 400 mg (as sulfate)	360	5	..	*952.82	Crixivan 400 mg	MK
RITONAVIR							
<u>Authority required</u>							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
6494T	Oral solution 600 mg per 7.5 mL (80 mg per mL), 90 mL	10	5	..	*952.82	Norvir	AB
9677H	Tablet 100 mg	720	5	..	*1028.58	Norvir	AB
SAQUINAVIR							
<u>Authority required</u>							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
6498B	Tablet 500 mg (as mesylate)	240	5	..	*1057.54	Invirase	RO
TIPRANAVIR							
<u>Authority required</u>							
Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents, and co-administered with 200 mg ritonavir twice daily in an antiretroviral experienced patient who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance. Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.							
<u>Note</u>							
Special Pricing Arrangements apply.							
9610T	Capsule 250 mg	240	5	..	*2188.42	Aptivus	BY
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TIPRANAVIR							
<u>Authority required</u>							
Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents, and co-administered with ritonavir in an antiretroviral experienced patient who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance. Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.							
<u>Note</u>							
Special Pricing Arrangements apply.							
9676G	Oral liquid 100 mg per mL, 95 mL	7	5	..	*2420.44	Aptivus	BY

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Nucleoside and nucleotide reverse transcriptase inhibitors

ABACAVIR

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

6264Q	Tablet 300 mg (as sulfate)	120	5	..	*592.98	Ziagen	VI
6265R	Oral solution 20 mg (as sulfate) per mL, 240 mL	8	5	..	*689.86	Ziagen	VI

ADEFOVIR DIPIVOXIL

Authority required

Chronic hepatitis B in a patient without cirrhosis who has failed antihepadnaviral therapy and who satisfies all of the following criteria:

- (a) Repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration in conjunction with documented chronic hepatitis B infection; or
- (b) Repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months, whilst on previous antihepadnaviral therapy except in patients with evidence of poor compliance;

Chronic hepatitis B in a patient with cirrhosis who has failed antihepadnaviral therapy and who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

Note

Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

6450L	Tablet 10 mg	60	5	..	*1296.42	Hepsera	GI
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DIDANOSINE

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

6298L	Capsule 125 mg (containing enteric coated beadlets)	60	5	..	*298.52	Videx EC	BQ
6299M	Capsule 200 mg (containing enteric coated beadlets)	60	5	..	*346.30	Videx EC	BQ
6300N	Capsule 250 mg (containing enteric coated beadlets)	60	5	..	*431.24	Videx EC	BQ
6301P	Capsule 400 mg (containing enteric coated beadlets)	60	5	..	*686.14	Videx EC	BQ

EMTRICITABINE

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

6137B	Capsule 200 mg	60	5	..	*592.98	Emtriva	GI
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ENTECAVIR MONOHYDRATE

Authority required

Chronic hepatitis B in a patient without cirrhosis who satisfies all of the following criteria:

- (1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;
- (2) Evidence of chronic liver injury as determined by:
 - (a) Confirmed elevated serum ALT; or
 - (b) Liver biopsy;

Chronic hepatitis B in a patient with cirrhosis who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Note

PBS-subsidised entecavir monohydrate must be used as monotherapy.

9602J	Tablet 0.5 mg	60	5	..	*805.76	Baraclude	BQ
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ENTECAVIR MONOHYDRATE

Authority required

Chronic hepatitis B in a patient without cirrhosis who has failed lamivudine and who satisfies all of the following criteria:

(a) Repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration in conjunction with documented chronic hepatitis B infection; or

(b) Repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months, whilst on previous antihepadnaviral therapy except in patients with evidence of poor compliance;

Chronic hepatitis B in a patient with cirrhosis who has failed lamivudine and who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

Note

PBS-subsidised entecavir monohydrate must be used as monotherapy.

9603K	Tablet 1 mg	60	5	..	*1296.42	Baraclude	BQ
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LAMIVUDINE

Authority required

Chronic hepatitis B in a patient without cirrhosis who satisfies all of the following criteria:

(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;

(2) Evidence of chronic liver injury as determined by:

(a) Confirmed elevated serum ALT; or

(b) Liver biopsy;

Chronic hepatitis B in a patient with cirrhosis who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

6257H	Tablet 100 mg	56	5	..	*317.08	Zeffix	GK
6271C	Oral solution 5 mg per mL, 240 mL	5	5	..	*369.97	Zeffix	GK

LAMIVUDINE

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

6193Y	Tablet 150 mg	120	5	..	*592.98	3TC	VI
6194B	Oral solution 10 mg per mL, 240 mL	8	5	..	*725.94	3TC	VI
6435Q	Tablet 300 mg	60	5	..	*592.98	3TC	VI

STAVUDINE

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

6186N	Capsule 20 mg	120	5	..	*588.82	Zerit	BQ
6189R	Capsule 30 mg	120	5	..	*700.48	Zerit	BQ
6190T	Capsule 40 mg	120	5	..	*931.82	Zerit	BQ

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	
TELBIVUDINE						
<u>Authority required</u>						
Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B without cirrhosis who is nucleoside analogue naive and satisfies all of the following criteria:						
(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented hepatitis B infection;						
(2) Evidence of chronic liver injury as determined by:						
(a) Confirmed elevated serum ALT; or						
(b) Liver biopsy;						
Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B with cirrhosis who is nucleoside analogue naive and who has detectable HBV DNA.						
Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.						
9630W	Tablet 600 mg	56	5	..	*528.26	Sebivo NV
TENOFOVIR						
<u>Authority required</u>						
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;						
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.						
<u>Authority required</u>						
Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B without cirrhosis who is nucleoside analogue naive and satisfies all of the following criteria:						
(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented hepatitis B infection;						
(2) Evidence of chronic liver injury as determined by:						
(a) Confirmed elevated serum ALT; or						
(b) Liver biopsy;						
Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B with cirrhosis who is nucleoside analogue naive and who has detectable HBV DNA.						
Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.						
<u>Note</u>						
Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.						
<u>Authority required</u>						
Chronic hepatitis B in a patient without cirrhosis who has failed antihepadnaviral therapy and who satisfies all of the following criteria:						
(a) Repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration in conjunction with documented chronic hepatitis B infection; or						
(b) Repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months, whilst on previous antihepadnaviral therapy except in patients with evidence of poor compliance;						
Chronic hepatitis B in a patient with cirrhosis who has failed antihepadnaviral therapy and who has detectable HBV DNA.						
Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.						
<u>Note</u>						
Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.						
6358P	Tablet containing tenofovir disoproxil fumarate 300 mg	60	5	..	*1011.26	Viread GI
ZIDOVUDINE						
<u>Authority required</u>						
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;						
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.						
6153W	Capsule 100 mg	400	5	..	*861.14	Retrovir GK
6154X	Capsule 250 mg	240	5	..	*1279.18	Retrovir GK

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer	
					Price for Max. Qty \$		
6155Y	Syrup 10 mg per mL, 200 mL	15	5	..	*706.62	Retrovir	GK

Non-nucleoside reverse transcriptase inhibitors

EFAVIRENZ

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

6356M	Tablet 600 mg	60	5	..	*571.30	Stocrin	MK
6372J	Oral solution 30 mg per mL, 180 mL	7	5	..	*599.53	Stocrin	MK
9618F	Tablet 200 mg	180	5	..	*571.30	Stocrin	MK

ETRAVIRINE

Authority required

Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents in an antiretroviral experienced patient who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

5062K	Tablet 200 mg	120	5	..	*1279.42	Intelence	JC
9639H	Tablet 100 mg	240	5	..	*1279.42	Intelence	JC

NEVIRAPINE

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

6215D	Tablet 200 mg	120	5	..	*571.30	Viramune	BY
9571R	Oral suspension 50 mg (as hemihydrate) per 5 mL, 240 mL	10	5	..	*1396.42	Viramune	BY

NEVIRAPINE

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient who has been stabilised on nevirapine immediate release with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

1129K	Tablet 400 mg (extended release)	60	5	..	*571.30	Viramune XR	BY
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RILPIVIRINE

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

1170N	Tablet 25 mg (as hydrochloride)	60	5	..	*571.30	Edurant	JC
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Antivirals for treatment of HIV infections, combinations

ABACAVIR with LAMIVUDINE

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient over 12 years of age, weighing 40 kg or more, with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient over 12 years of age, weighing 40 kg or more, has previously received PBS-subsidised therapy for HIV infection.							
6458X	Tablet containing abacavir 600 mg (as sulfate) with lamivudine 300 mg	60	5	..	*1174.42	Kivexa	VI
ABACAVIR with LAMIVUDINE and ZIDOVUDINE							
<u>Authority required</u>							
Initial treatment of HIV infection in a patient over 12 years of age, weighing 40 kg or more, with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
Continuing treatment of HIV infection where the patient over 12 years of age, weighing 40 kg or more, has previously received PBS-subsidised therapy for HIV infection.							
6327B	Tablet containing abacavir 300 mg (as sulfate) with lamivudine 150 mg and zidovudine 300 mg	120	5	..	*1750.42	Trizivir	VI
LAMIVUDINE with ZIDOVUDINE							
<u>Authority required</u>							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
6234D	Tablet 150 mg-300 mg	120	5	..	*1203.62	Combivir	VI
LOPINAVIR with RITONAVIR							
<u>Authority required</u>							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
6341R	Oral liquid 400 mg-100 mg per 5 mL, 60 mL	10	5	..	*1336.42	Kaletra	AB
6495W	Tablet 200 mg-50 mg	240	5	..	*1416.42	Kaletra	AB
9633B	Tablet 100 mg-25 mg	120	5	..	*362.62	Kaletra	AB
TENOFOVIR with EMTRICITABINE							
<u>Authority required</u>							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
6468K	Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg	60	5	..	*1576.62	Truvada	GI
TENOFOVIR with EMTRICITABINE and EFAVIRENZ							
<u>Authority required</u>							
Initial treatment of HIV infection in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
Continuing treatment of HIV infection where the patient has previously received PBS-subsidised therapy for HIV infection.							
9650X	Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg and efavirenz 600 mg	60	5	..	*2119.78	Atripla	GI

Other antivirals

ENFUVIRTIDE

Authority required

Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents in an antiretroviral experienced patient who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	
6455R	Pack containing 60 vials powder for injection 90 mg with 60 vials water for injections 1.1 mL (with syringes and swabs)	2	5	..	*4472.42	Fuzeon RO

MARAVIROC

Authority required

Treatment, in addition to optimised background therapy in combination with other antiretroviral agents, of an antiretroviral experienced patient infected with only CCR5-tropic HIV-1, who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance. A tropism assay to determine CCR5 only strain status is required prior to initiation. Individuals with CXCR4 tropism demonstrated at any time point are not eligible.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

9572T	Tablet 150 mg	120	5	..	*1881.82	Celsentri VI
9573W	Tablet 300 mg	120	5	..	*1881.82	Celsentri VI

RALTEGRAVIR

Authority required

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

9629T	Tablet 400 mg (as potassium)	120	5	..	*1377.52	Isentress MK
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HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for		Brand Name and Manufacturer
					Max. Qty	\$	

Antineoplastic and immunomodulating agents

Antineoplastic agents

Antimetabolites

Pyrimidine analogues

AZACITIDINE

Note

Any queries concerning the arrangements to prescribe azacitidine 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.

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

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

Authority required

Initial PBS-subsidised treatment of a patient with:

- (1) Myelodysplastic syndrome classified as Intermediate-2 or high risk according to the International Prognostic Scoring System (IPSS); OR
- (2) Chronic Myelomonocytic Leukaemia (10% to 29% marrow blasts without Myeloproliferative Disorder); OR
- (3) Acute Myeloid Leukaemia with 20 to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification.

Classification of a patient as Intermediate-2 requires a score of 1.5 to 2.0 on the IPSS, achieved with the possible combinations:

1. 11% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 0 to 1 cytopenias; OR
2. 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 0 to 1 cytopenias; OR
3. 11% to 20% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
4. 5% to 10% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
5. 5% to 10% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias; OR
6. less than 5% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), and 2 to 3 cytopenias.

Classification of a patient as high risk requires a score of 2.5 or more on the IPSS, achieved with the possible combinations:

1. 21% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
2. 21% to 30% marrow blasts with intermediate (other abnormalities) or poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
3. 11% to 20% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
4. 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias.

The first authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Azacitidine PBS Authority Application - Supporting Information Form; and
- (c) a copy of the bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome, chronic myelomonocytic leukaemia or acute myeloid leukaemia; and
- (d) a copy of the full blood examination report; and
- (e) for myelodysplastic syndrome, a copy of the pathology report detailing the cytogenetics demonstrating intermediate-2 or high risk disease according to the International Prognostic Scoring System (IPSS); and
- (f) a signed patient acknowledgment form.

No more than three cycles will be authorised.

Note

Special Pricing Arrangements apply.

6100C	Powder for injection 100 mg	14	2	..	*7746.46	Vidaza	CJ
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AZACITIDINE

Note

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

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

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

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

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

Authority required

Continuing treatment of a patient with:

- (1) Myelodysplastic syndrome classified as Intermediate-2 or high risk according to the International Prognostic Scoring System (IPSS); OR
- (2) Chronic Myelomonocytic Leukaemia (10% to 29% marrow blasts without Myeloproliferative Disorder); OR
- (3) Acute Myeloid Leukaemia with 20 to 30% blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification; who has previously been issued with an authority prescription for azacitidine and does not have progressive disease.

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).

Up to six cycles will be authorised.

Note

Special Pricing Arrangements apply.

6138C	Powder for injection 100 mg	14	5	..	*7746.46	Vidaza	CJ
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Cytotoxic antibiotics and related substances

Anthracyclines and related substances

DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL

Authority required

Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and extensive mucocutaneous involvement;

Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and extensive visceral involvement.

6249X	Suspension for I.V. infusion 20 mg in 10 mL	4	5	..	*2538.38	Caelyx	JC
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Immunostimulants

Immunostimulants

Colony stimulating factors

FILGRASTIM

Authority required

For use in a patient undergoing induction and consolidation therapy for acute myeloid leukaemia;

Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy;

Mobilisation of peripheral blood progenitor cells, in a normal volunteer, for use in allogeneic transplantation;

A patient receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation;

A patient with a non-myeloid malignancy receiving marrow-ablative chemotherapy and subsequent autologous peripheral blood progenitor cell transplantation;

A patient with breast cancer receiving standard dose adjuvant chemotherapy who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

A patient receiving chemotherapy for B-cell chronic lymphocytic leukaemia with fludarabine and cyclophosphamide who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

A patient receiving first-line chemotherapy for Hodgkin disease who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty \$		
<p>drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;</p> <p>A patient receiving chemotherapy for myeloma who has had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;</p> <p>A patient with severe congenital neutropenia (absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, and in whom a bone marrow examination has shown evidence of maturational arrest of the neutrophil lineage);</p> <p>A patient with severe chronic neutropenia (absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, or evidence of neutrophil dysfunction, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));</p> <p>A patient with chronic cyclic neutropenia (absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));</p> <p>A patient with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx receiving neoadjuvant treatment with docetaxel in combination with cisplatin and fluorouracil who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.</p>							
<u>Authority required</u>							
A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia;							
A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in breast cancer (adjuvant chemotherapy with docetaxel in combination with an anthracycline and cyclophosphamide);							
A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours;							
A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours;							
A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma;							
A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin lymphoma (aggressive grades; or low grade receiving an anthracycline-containing regimen);							
A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin disease;							
A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in sarcoma;							
A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Hodgkin disease (first-line chemotherapy with escalated BEACOPP).							
1082Y	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2561.96	TevaGrastim	AS
1113N	Injection 480 micrograms in 0.8 mL single use pre-filled syringe	20	11	..	*4079.00	TevaGrastim	AS
5830W	Injection 120 micrograms in 0.2 mL single use pre-filled syringe	20	11	..	*1052.64	Nivestim	HH
6126K	Injection 300 micrograms in 1 mL	20	11	..	*2561.96	Neupogen	AN
6127L	Injection 480 micrograms in 1.6 mL	20	11	..	*4079.00	Neupogen	AN
6291D	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2561.96	Neupogen	AN
6292E	Injection 480 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*4079.00	Neupogen	AN
9693E	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2561.96	Nivestim	HH
9695G	Injection 480 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*4079.00	Nivestim	HH

LENOGRASTIM

Authority required

Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for reinfusion into patients with non-myeloid malignancies who have had myeloablative or myelosuppressive therapy;

Mobilisation of peripheral blood progenitor cells, in normal volunteers, for use in allogeneic transplantation to facilitate harvest of such cells in healthy donors;

Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent peripheral blood progenitor cell or bone marrow transplantation;

Patients with breast cancer receiving standard dose adjuvant chemotherapy who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
<p>Patients receiving first-line chemotherapy for Hodgkin's disease who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.</p> <p><u>Authority required</u></p> <p>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia;</p> <p>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Ewing's sarcoma;</p> <p>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours;</p> <p>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours;</p> <p>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma;</p> <p>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin's lymphoma (intermediate or high grade);</p> <p>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in osteosarcoma;</p> <p>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin's disease;</p> <p>Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in rhabdomyosarcoma.</p>						
6337M	Powder for injection 13,400,000 i.u. (105 micrograms)	20	11	..	*1071.42	Granocyte 13 HH
6338N	Powder for injection 33,600,000 i.u. (263 micrograms)	20	11	..	*2613.62	Granocyte 34 HH

PEGFILGRASTIM

Authority required

For use in a patient undergoing induction and consolidation therapy for acute myeloid leukaemia;

A patient with breast cancer receiving standard dose adjuvant chemotherapy who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

A patient receiving chemotherapy for B-cell chronic lymphocytic leukaemia with fludarabine and cyclophosphamide who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

A patient receiving first-line chemotherapy for Hodgkin disease who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

A patient receiving chemotherapy for myeloma who has had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

A patient with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx receiving neoadjuvant treatment with docetaxel in combination with cisplatin and fluorouracil who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.

Authority required

A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia;

A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in breast cancer (adjuvant chemotherapy with docetaxel in combination with an anthracycline and cyclophosphamide);

A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours;

A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours;

A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma;

A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin lymphoma (aggressive grades; or low grade receiving an anthracycline-containing regimen);

A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin disease;

A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in sarcoma;

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					\$	

A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Hodgkin disease (first-line chemotherapy with escalated BEACOPP).

6363X	Injection 6 mg in 0.6 mL single use pre-filled syringe	1	11	..	1971.42	Neulasta	AN
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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

Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase;

Chronic hepatitis B in a patient without cirrhosis who satisfies all of the following criteria:

(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;

(2) Evidence of chronic liver injury as determined by:

- (a) Confirmed elevated serum ALT; or
- (b) Liver biopsy;

Chronic hepatitis B in a patient with cirrhosis who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

6210W	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	30	5	..	*936.12	Roferon-A	RO
6211X	Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	30	5	..	*1387.32	Roferon-A	RO
6212Y	Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	30	5	..	*1833.72	Roferon-A	RO
6213B	Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	30	5	..	*2727.72	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

Adjunctive therapy of malignant melanoma following surgery in patients with nodal involvement;

Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase;

Chronic hepatitis B in a patient without cirrhosis who satisfies all of the following criteria:

(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;

(2) Evidence of chronic liver injury as determined by:

- (a) Confirmed elevated serum ALT; or
- (b) Liver biopsy;

Chronic hepatitis B in a patient with cirrhosis who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

6218G	Solution for injection 18,000,000 i.u. in 3 mL single dose vial	15	5	..	*2727.57	Intron A	MK
6219H	Solution for injection 25,000,000 i.u. in 2.5 mL single dose vial	15	5	..	*3770.22	Intron A	MK
6246R	Solution for injection 10,000,000 i.u. in 1 mL single dose vial	15	5	..	*1535.91	Intron A	MK
6253D	Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen	2	5	..	*378.20	Intron A Redipen	MK
6254E	Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose injection pen	2	5	..	*626.06	Intron A Redipen	MK
6255F	Solution for injection 60,000,000 i.u. in 1.2 mL multi-dose injection pen	2	5	..	*1238.02	Intron A Redipen	MK

INTERFERON GAMMA-1b

Authority required

Treatment of chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agents.

6148N	Injection 2,000,000 i.u. in 0.5 mL	12	11	..	*2768.22	Imukin	BY
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HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for		Brand Name and Manufacturer
					Max. Qty	\$	

PEGINTERFERON ALFA-2a

Caution

Treatment with peginterferon 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

Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B without cirrhosis who satisfies all of the following criteria:

(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;

(2) Evidence of chronic liver injury as determined by:

(a) Confirmed elevated serum ALT; or

(b) Liver biopsy;

(3) Has received no prior peginterferon alfa therapy for the treatment of hepatitis B;

Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B with cirrhosis who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

Treatment is limited to 1 course of treatment for a duration of up to 48 weeks;

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and have a contraindication to ribavirin, who satisfy all of the following criteria:

(1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);

(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.

The treatment course is limited to up to 48 weeks.

Patients may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop.

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

(a) a nurse educator/counsellor for patients; and

(b) 24 hour access by patients to medical advice; and

(c) an established liver clinic; and

(d) facilities for safe liver biopsy.

6439X	Injection 135 micrograms in 0.5 mL single use pre-filled syringe	8	5	..	*2378.22	Pegasys	RO
6449K	Injection 180 micrograms in 0.5 mL single use pre-filled syringe	8	5	..	*2746.88	Pegasys	RO

RIBAVIRIN and PEGINTERFERON ALFA-2a

Caution

Treatment with peginterferon 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.

Caution

Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

Authority required

Patients naive to interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and who satisfy all of the following criteria:

(1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);

(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.

Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).

Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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					Max. Qty \$	

HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24 hour access by patients to medical advice; and
- (c) an established liver clinic; and
- (d) facilities for safe liver biopsy.

Authority required

Patients who have failed one prior attempt at interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no more than one prior treatment with interferon alfa or peginterferon alfa for hepatitis C and who satisfy all of the following criteria:

- (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);
- (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

The treatment course is limited to 48 weeks. Patients may only continue treatment after the first 12 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 12.

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24 hour access by patients to medical advice; and
- (c) an established liver clinic; and
- (d) facilities for safe liver biopsy.

6392K	Pack containing 168 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms	2	5	..	*3119.26	Pegasys RBV	RO
6394M	Pack containing 112 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms	2	5	..	*3131.70	Pegasys RBV	RO
6395N	Pack containing 140 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms	2	5	..	*3292.24	Pegasys RBV	RO
6396P	Pack containing 168 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms	2	5	..	*3452.78	Pegasys RBV	RO

RIBAVIRIN and PEGINTERFERON ALFA-2b

Caution

Treatment with peginterferon 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.

Caution

Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

Authority required

Patients naive to interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients weighing at least 27 kg who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and who satisfy all of the following criteria:

- (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);
- (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.

Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).

Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
<p>HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.</p> <p><u>Note</u> Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:</p> <p>(a) a nurse educator/counsellor for patients; and (b) 24 hour access by patients to medical advice; and (c) an established liver clinic; and (d) facilities for safe liver biopsy.</p> <p><u>Authority required</u> Patients who have failed one prior attempt at interferon based therapies (non-pegylated or pegylated)</p> <p>Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no more than one prior treatment with interferon alfa or peginterferon alfa for hepatitis C and who satisfy all of the following criteria:</p> <p>(1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive); (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant. The treatment course is limited to 48 weeks. Patients may only continue treatment after the first 12 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 12.</p> <p><u>Note</u> Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:</p> <p>(a) a nurse educator/counsellor for patients; and (b) 24 hour access by patients to medical advice; and (c) an established liver clinic; and (d) facilities for safe liver biopsy.</p>							
6400W	Pack containing 112 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 50 micrograms with diluent	2	5	..	*2166.16	Pegatron	MK
6401X	Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent	2	5	..	*2469.14	Pegatron	MK
6405D	Pack containing 112 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 100 micrograms with diluent	2	5	..	*3146.04	Pegatron	MK

RIBAVIRIN and PEGINTERFERON ALFA-2b

Caution

Treatment with peginterferon 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.

Caution

Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

Authority required

Patients naive to interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and who satisfy all of the following criteria:

- (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);
- (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.

Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).

Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3

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					Max. Qty	\$	

patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24 hour access by patients to medical advice; and
- (c) an established liver clinic; and
- (d) facilities for safe liver biopsy.

Authority required

Patients who have failed one prior attempt at interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no more than one prior treatment with interferon alfa or peginterferon alfa for hepatitis C and who satisfy all of the following criteria:

- (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);
- (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

The treatment course is limited to 48 weeks. Patients may only continue treatment after the first 12 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 12.

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24 hour access by patients to medical advice; and
- (c) an established liver clinic; and
- (d) facilities for safe liver biopsy.

6402Y	Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent	2	5	..	*2754.08	Pegatron	MK
6407F	Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 120 micrograms with diluent	2	5	..	*3538.00	Pegatron	MK
6409H	Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent	2	5	..	*4125.94	Pegatron	MK
6410J	Pack containing 168 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent	2	5	..	*4125.94	Pegatron	MK
9634C	Pack containing 196 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent	2	5	..	*4410.90	Pegatron	MK

Immunosuppressants

Immunosuppressants

Selective immunosuppressants

ABATACEPT

Note

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

Further prescribing information (including Authority Application Forms) is on the Medicare Australia website at www.medicareaustralia.gov.au.

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

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

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					Price for Max. Qty	\$	

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

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Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

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					Price for Max. Qty	Max. Qty	
					\$	\$	

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with abatacept, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

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					Price for Max. Qty \$	

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion. Up to a maximum of 4 repeats may be authorised.

Where fewer than 4 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with abatacept.

Patients who fail to demonstrate a response to treatment with abatacept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with abatacept, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have a documented history of severe active rheumatoid arthritis; and
- (b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with abatacept and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised abatacept treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion. Up to a maximum of 4 repeats may be authorised.

Where fewer than 4 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised abatacept treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised abatacept treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Patients who fail to demonstrate a response to treatment with abatacept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with abatacept, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with abatacept; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with abatacept.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion. Up to a maximum of 5 repeats may be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with abatacept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with abatacept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

Patients who fail to demonstrate a response to treatment with abatacept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

Special Pricing Arrangements apply.

9621J	Powder for I.V. infusion 250 mg	1	531.03	Orencia	BQ
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EVEROLIMUS

Caution

Careful monitoring of patients is mandatory.

Authority required

Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required;

Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of cardiac allograft rejection. Management includes initiation, stabilisation and review of therapy as required.

6459Y	Tablet 0.25 mg	120	5	..	*506.24	Certican	NV
6460B	Tablet 0.5 mg	120	5	..	*1006.06	Certican	NV
6461C	Tablet 0.75 mg	240	5	..	*2930.02	Certican	NV
9582H	Tablet 1 mg	240	5	..	*3891.22	Certican	NV

MYCOPHENOLATE MOFETIL

Caution

Careful monitoring of patients is mandatory.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
<u>Authority required</u>							
Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required;							
Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of cardiac allograft rejection. Management includes initiation, stabilisation and review of therapy as required.							
6208R	Capsule 250 mg	600	5	..	*977.28	^a APO- Mycophenolate CellCept ^a Imulate ^a Mycophenolate Sandoz ^a Ceptolate	TX RO QA SZ AF
6209T	Tablet 500 mg	300	5	..	*977.28	^a APO- Mycophenolate CellCept ^a Ceptolate ^a Imulate ^a Mycophenolate Sandoz CellCept	TX RO AF QA SZ RO
6364Y	Powder for oral suspension 1 g per 5 mL, 165 mL	2	5	..	*#517.58	CellCept	RO

MYCOPHENOLATE SODIUM

Caution

Careful monitoring of patients is mandatory.

Authority required

Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.

6369F	Tablet (enteric coated) 180 mg (mycophenolic acid)	240	5	..	*394.80	Myfortic	NV
6370G	Tablet (enteric coated) 360 mg (mycophenolic acid)	240	5	..	*783.16	Myfortic	NV

NATALIZUMAB

Caution

Progressive multifocal leukoencephalopathy has been reported with this drug.

Note

Neurologists prescribing natalizumab under the PBS listing must be registered with the Tysabri Australian Prescribing Program.

Authority required

Initial treatment, as monotherapy, by a neurologist, of clinically definite relapsing-remitting multiple sclerosis in an ambulatory (without assistance or support) patient 18 years of age or older, who has experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years.

The diagnosis must be confirmed by magnetic resonance imaging of the brain and/or spinal cord and the date of the scan included in the authority application, unless the authority application is accompanied by written certification provided by a radiologist that an MRI scan is contraindicated because of the risk of physical (not psychological) injury to the patient.

Authority required

Continuing treatment, as monotherapy, of clinically definite relapsing-remitting multiple sclerosis in a patient previously issued with an authority prescription for this drug who does not show continuing progression of disability while on treatment with this drug, and who has demonstrated compliance with, and an ability to tolerate, this therapy.

Note

Special Pricing Arrangements apply.

9624M	Solution concentrate for I.V. infusion 300 mg in 15 mL	1	5	..	2084.88	Tysabri	BD
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SIROLIMUS

Caution

Careful monitoring of patients is mandatory.

Authority required

Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer	
					Max. Qty \$		
6436R	Tablet 1 mg	200	5	..	*1493.08	Rapamune	PF
6437T	Oral solution 1 mg per mL, 60 mL	2	5	..	*979.86	Rapamune	PF
6457W	Tablet 2 mg	200	5	..	*2939.76	Rapamune	PF
9748C	Tablet 0.5 mg	200	5	..	*758.70	Rapamune	PF

Tumor necrosis factor alpha (TNF-alpha) inhibitors

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any 1 time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice within the current treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised therapy' above for further details.

(6) Withdrawal of treatment after sustained remission.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

Withdrawal of treatment with bDMARDs should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Medicare Australia at the time treatment is ceased.

Authority required

Initial 1 (new patient or patient recommencing after a break of more than 12 months).

Initial treatment by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years:

- (a) who has severe active juvenile idiopathic arthritis; AND
- (b) whose parent or authorised guardian has signed a patient acknowledgement; AND
- (c) who has not received PBS-subsidised treatment with adalimumab or etanercept for this condition in the previous 12 months; AND
- (d) who has demonstrated either:

(i) severe intolerance of, or toxicity due to, methotrexate (see below for definition of severe intolerance and toxicity); or

(ii) failure to achieve an adequate response to 1 or more of the following treatment regimens:

— oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or

— oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other DMARD, alone or in combination with corticosteroids, for a minimum of 3 months. (Note: use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.)

Severe intolerance is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant NSAIDs on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, please provide details at time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of this toxicity at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
 - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment should be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) an acknowledgement signed by a parent or authorised guardian.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of authority application, medical practitioners should request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide sufficient for two doses. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 4 weeks from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Authority required

Initial 2 (change or re-commencement after break of less than 12 months).

Initial PBS-subsidised treatment with adalimumab by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years who:

- (a) has a documented history of severe active juvenile idiopathic arthritis; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or etanercept for this condition; and
- (c) has not failed PBS-subsidised therapy with adalimumab for this condition more than once in the current treatment cycle.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for a patient who has received PBS-subsidised treatment with adalimumab in this treatment cycle and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised adalimumab treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of authority application, medical practitioners should request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide sufficient for two doses. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised adalimumab treatment was approved under either of the Initial 1 or 2 treatment restrictions, the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised adalimumab treatment was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to that particular course of bDMARD.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

Authority required

Initial 3 ('grandfather' patients).

Initial PBS-subsidised supply for continuing treatment with adalimumab, by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years who:

- (a) has a documented history of severe active juvenile idiopathic arthritis; and
- (b) was receiving treatment with adalimumab prior to 1 March 2010; and
- (c) has demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with adalimumab; and
- (d) is receiving treatment with adalimumab at the time of application.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) an acknowledgement signed by a parent or authorised guardian.

A maximum of 24 weeks of treatment will be authorised under this restriction.

At the time of authority application, medical practitioners should request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide sufficient for two doses. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

The assessment of the patient's response to this initial course of PBS-subsidised therapy must be made within the 4 weeks prior to completion of the course in order to ensure continuity of treatment.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

A patient ceasing treatment or swapping to an alternate agent and wishing to demonstrate a response to treatment, must be assessed no earlier than 12 weeks from the commencement of PBS-subsidised treatment. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A patient may only qualify for PBS-subsidised treatment under this restriction once.

Authority required

Continuing treatment.

Continuing PBS-subsidised treatment with adalimumab, by a rheumatologist or under the supervision of a paediatric rheumatology treatment centre, of a patient:

- (a) who has a documented history of severe active juvenile idiopathic arthritis; and
- (b) who has demonstrated an adequate response to treatment with adalimumab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with adalimumab.

An adequate response to treatment is defined as:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of authority application, medical practitioners should request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide sufficient for two doses. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with adalimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

9678J	Injection 20 mg in 0.4 mL pre-filled syringe	2	..	..	1676.42	Humira	AB
9679K	Injection 40 mg in 0.8 mL pre-filled syringe	2	..	..	1676.42	Humira	AB
9680L	Injection 40 mg in 0.8 mL pre-filled pen	2	..	..	1676.42	Humira	AB

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

Note

TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any 1 time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice within the current treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised therapy' above for further details.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with bDMARDs should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Medicare Australia at the time treatment is ceased.

Authority required

Initial 1 (new patient or patient recommencing after a break of more than 12 months).

Initial treatment by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years:

- (a) who has severe active juvenile idiopathic arthritis; AND
- (b) whose parent or authorised guardian has signed a patient acknowledgement; AND
- (c) who has not received PBS-subsidised treatment with adalimumab or etanercept for this condition in the previous 12 months; AND
- (d) who has demonstrated either:

- (i) severe intolerance of, or toxicity due to, methotrexate (see below for definition of severe intolerance and toxicity); or

- (ii) failure to achieve an adequate response to 1 or more of the following treatment regimens:

- oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or

- oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other DMARD, alone or in combination with corticosteroids, for a minimum of 3 months. (Note: use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.)

Severe intolerance is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant NSAIDs on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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					Max. Qty \$	

divided doses over 24 hours.

Toxicity is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, please provide details at time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of this toxicity at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
 - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment should be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) an acknowledgement signed by a parent or authorised guardian.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 4 weeks from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

Authority required

Initial 2 (change or re-commencement after break of less than 12 months).

Initial PBS-subsidised treatment with etanercept by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years who:

- (a) has a documented history of severe active juvenile idiopathic arthritis; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or etanercept for this condition; and
- (c) has not failed PBS-subsidised therapy with etanercept for this condition more than once in the current treatment cycle.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for a patient who has received PBS-subsidised treatment with etanercept in this treatment cycle and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised etanercept treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with etanercept may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised etanercept treatment was approved under either of the Initial 1 or 2 treatment restrictions, the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare

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Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised etanercept treatment was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to that particular course of bDMARD.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

Authority required

Continuing treatment.

Continuing PBS-subsidised treatment with etanercept, by a rheumatologist or under the supervision of a paediatric rheumatology treatment centre, of a patient:

- (a) who has a documented history of severe active juvenile idiopathic arthritis; and
- (b) who has demonstrated an adequate response to treatment with etanercept; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with etanercept.

An adequate response to treatment is defined as:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

6367D	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	1	854.02	Enbrel	PF
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ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

Note

TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any 1 time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

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					\$	

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice within the current treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised therapy' above for further details.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with bDMARDs should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Medicare Australia at the time treatment is ceased.

Authority required

Continuing treatment.

Continuing PBS-subsidised treatment with etanercept, by a rheumatologist or under the supervision of a paediatric rheumatology treatment centre, of a patient 18 years or older:

- (a) who has a documented history of severe active juvenile idiopathic arthritis; and
- (b) who has demonstrated an adequate response to treatment with etanercept; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with etanercept.

An adequate response to treatment is defined as:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and

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<p>(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].</p> <p>A maximum of 24 weeks of treatment will be approved under this restriction.</p> <p>Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.</p> <p>If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle.</p> <p>Where a patient with severe active juvenile idiopathic arthritis continues treatment with etanercept and is 18 years or older, etanercept 50 mg may be prescribed.</p>						
9615C	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	..	..	1676.43	Enbrel PF
9641K	Injection 50 mg in 1 mL single use auto-injector, 4	1	..	..	1676.43	Enbrel PF

INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept, golimumab and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alpha antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept, golimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 4 TNF-alfa antagonists at any 1 time.

From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised TNF-alfa antagonists without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept and golimumab and 18 weeks of treatment for infliximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	Max. Qty	
					\$	\$	

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.

A patient who commenced treatment with golimumab for active ankylosing spondylitis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with golimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with golimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1 (new patients)

Initial PBS-subsidised treatment with infliximab, by a rheumatologist, of an adult with active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who has not received any PBS-subsidised treatment with either adalimumab, etanercept, golimumab or infliximab in this treatment cycle; AND

(a) who has at least 2 of the following:

(i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or

(ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI) [for further information on the BASMI please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; or

(iii) limitation of chest expansion relative to normal values for age and gender [for chest expansion normal values please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; AND

(b) who has failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

The application must include details of the NSAIDs trialled, their doses and duration of treatment. If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance. Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Medicare Australia website at www.medicareaustralia.gov.au.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Authority applications must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which must include the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

- (ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and
- (iii) a completed Exercise Program Self Certification Form included in the supporting information form; and
- (iv) a signed patient acknowledgment form.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 18 weeks of treatment with infliximab will be approved under this criterion.

At the time of the authority application, the doctor should request the appropriate number of vials, based on the weight of the patient, to provide for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 18 weeks of treatment may be requested by telephone.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Authority required

Initial 2 (change or re-commencement for all patients)

Initial PBS-subsidised treatment with infliximab, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who, in this treatment cycle, has received prior PBS-subsidised TNF-alfa antagonist treatment for this condition and is eligible to receive further TNF-alfa antagonist therapy, and has not failed PBS-subsidised therapy with infliximab in the current treatment cycle.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised TNF-alfa antagonist therapy or, under this restriction, for patients who have received previous PBS-subsidised TNF-alfa antagonist therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to Medicare Australia no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where the most recent course of PBS-subsidised infliximab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].

A maximum of 18 weeks of treatment with infliximab will be approved under this criterion.

At the time of the authority application, the doctor should request the appropriate number of vials, based on the weight of the patient, to provide for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 18 weeks of treatment may be requested by telephone.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Authority required

Continuing treatment for all patients

Continuing PBS-subsidised treatment, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who:

- (a) has demonstrated an adequate response to treatment with infliximab; and
- (b) whose most recent course of PBS-subsidised therapy in this treatment cycle was with infliximab.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].

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					\$	

All measurements provided must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with infliximab will be authorised under this criterion.

At the time of the authority application, the doctor should request the appropriate number of vials, based on the weight of the patient, to provide for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.

All applications for continuing treatment with infliximab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment following an initial treatment course it must be made following a minimum of 12 weeks of treatment with infliximab. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

6448J	Powder for I.V. infusion 100 mg	1	788.19	Remicade	JC
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INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

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					Price for Max. Qty \$	

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with infliximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

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- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 22 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not

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undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with infliximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have a documented history of severe active rheumatoid arthritis; and
- (b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with infliximab and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised infliximab treatment, within the timeframes specified below.

A maximum of 22 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised infliximab treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised infliximab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with infliximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with infliximab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with infliximab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg. Up to a maximum of 2 repeats may be authorised.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

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					\$	

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with infliximab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

Special Pricing Arrangements apply.

6397Q	Powder for I.V. infusion 100 mg	1	788.19	Remicade	JC
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INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialled it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment

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with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Initial 1

Initial PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have severe active psoriatic arthritis; and
- (2) have received no prior PBS-subsidised biological treatment for this condition in this Treatment Cycle; and
- (3) have failed to achieve an adequate response to:
 - (a) methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; and
 - (b) sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; or
 - (c) leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities, including severity, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) an active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 22 weeks treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Initial 2

Initial PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis,

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

of adults who:

- (1) have a documented history of severe active psoriatic arthritis; and
- (2) have received prior PBS-subsidised biological treatment for this condition in this Treatment Cycle and are eligible to receive further biological therapy; and
- (3) have not failed treatment with infliximab during the current Treatment Cycle.

Applications for patients who have received PBS-subsidised treatment with infliximab within this Treatment Cycle and who wish to re-commence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised infliximab treatment, within the timeframes specified below.

A maximum of 22 weeks treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised infliximab treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised infliximab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults:

- (1) who have a documented history of severe active psoriatic arthritis; and
- (2) whose most recent course of PBS-subsidised biological agent for this condition in the current Treatment Cycle was with infliximab; and
- (3) who, at the time of application, demonstrate an adequate response to treatment with infliximab.

An adequate response to treatment with infliximab is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats may be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with infliximab must include a measurement of response to the prior course of therapy. This assessment

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					Max. Qty \$	

must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialed it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

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INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

Medicare Australia
Prior Written Approval of Specialised Drugs

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Reply Paid 9826
GPO Box 9826
HOBART TAS 7001

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for adult patients with severe refractory Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 August 2008, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 August 2008 is considered to be in their first cycle as of 1 August 2008.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2008.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2008, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment. Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to

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					\$	

receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, evidence of intestinal inflammation), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for severe refractory Crohn disease prior to 9 November 2007 or infliximab prior to 7 March 2007 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1 (new patients)

Initial treatment of Crohn disease in a patient assessed by CDAI.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with severe refractory Crohn disease who satisfies the following criteria:

(a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

diagnosis confirmed by a gastroenterologist or a consultant physician as specified in the NOTE below; and
 (b) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
 (c) has failed to achieve an adequate response to prior systemic therapy including:
 (i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and
 (ii) immunosuppressive therapy including:
 — azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
 — 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
 — methotrexate at a dose of at least 15 mg weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

(a) have a severity of disease activity which results in a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as assessed.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

The most recent CDAI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition; and
 - (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
 - (iii) the signed patient acknowledgement.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A CDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial 2

Change or re-commencement of treatment of Crohn disease in a patient assessed by CDAI.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below of a patient who:

- (a) has a documented history of severe refractory Crohn disease; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with infliximab or adalimumab for this condition; and
- (c) has not failed PBS-subsidised therapy with infliximab for this condition more than once in the current treatment cycle.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.

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					Max. Qty	\$	

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition; and
 - (ii) details of prior TNF alfa antagonist treatment including details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A CDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Continuing treatment of Crohn disease in a patient assessed by CDAI.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of severe refractory Crohn disease; and
- (b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition.

The CDAI assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with infliximab, a CDAI assessment of the patient's response must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to

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provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial 1

Initial treatment of Crohn disease in a patient with short gut syndrome or an ostomy patient.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist, or consultant physician as specified in the NOTE below of a patient who satisfies the following criteria:

- (a) has confirmed Crohn disease defined by standard clinical, endoscopic and/or imaging features, including histological evidence with the diagnosis confirmed by a gastroenterologist or consultant physician as specified in the NOTE below; and
- (b) has diagnostic imaging or surgical evidence of short gut syndrome or has an ileostomy or colostomy; and
- (c) has evidence of intestinal inflammation; and
- (d) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (e) has failed to achieve an adequate response to prior systemic drug therapy including:
 - (i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and
 - (ii) immunosuppressive therapy including:
 - azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
 - 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
 - methotrexate at a dose of at least 15 mg weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) have evidence of intestinal inflammation, including:
 - (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; AND/OR
 - (ii) faeces: higher than normal lactoferrin or calprotectin level; AND/OR
 - (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery;
 AND/OR
- (b) be assessed clinically as being in a high faecal output state;
- (c) be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of infliximab.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
 - (ii) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
 - (iii) date of the most recent clinical assessment; and
 - (iv) the signed patient acknowledgement.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

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					Price for Max. Qty	Max. Qty	
					\$	\$	

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial 2

Change or re-commencement of treatment of Crohn disease in a patient with short gut syndrome, an ostomy patient or a patient with extensive small intestine disease.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below of a patient who:

- (a) has a documented history of severe refractory Crohn disease; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with infliximab or adalimumab for this condition; and
- (c) has not failed PBS-subsidised therapy with infliximab for this condition more than once in the current treatment cycle.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criteria, if relevant; and
 - (ii) details of prior TNF alfa antagonist treatment including details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Continuing treatment of Crohn disease in a patient with short gut syndrome or an ostomy patient.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

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					Price for Max. Qty	\$	

- (a) has a documented history of severe refractory Crohn disease with intestinal inflammation and with short gut syndrome or with an ileostomy or colostomy; and
(b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as:

- (a) improvement of intestinal inflammation as demonstrated by:
(i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR
(ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR
(iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or
(b) reversal of high faecal output state; or
(c) avoidance of the need for surgery or total parenteral nutrition (TPN).

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription; and
(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
(i) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy or the date of clinical assessment.

The patient's assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with infliximab, an assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial 1

Initial treatment of Crohn disease in a patient with extensive small intestine disease.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with severe refractory Crohn disease who satisfies the following criteria:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or consultant physician as specified in the NOTE below; and
(b) has extensive small intestinal disease with radiological evidence of intestinal inflammation affecting more than 50 cm of the small intestine; and
(c) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
(d) has failed to achieve an adequate response to prior systemic therapy including:
(i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and
(ii) immunosuppressive therapy including:
— azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
— 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
— methotrexate at a dose of at least 15 mg weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

(a) have severity of disease activity which results in a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220;

AND/OR

(b) have evidence of active intestinal inflammation, including:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; AND/OR

(ii) faeces: higher than normal lactoferrin or calprotectin level; AND/OR

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery;

AND/OR

(c) be assessed clinically as being in a high faecal output state;

AND/OR

(d) be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of infliximab.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:

(i) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(ii) (1) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; or

(2) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the dates of assessment of the patient's condition, if relevant; and

(iii) date of the most recent clinical assessment; and

(iv) the signed patient acknowledgement.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Continuing treatment of Crohn disease in a patient with extensive small intestine disease.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, or consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

(a) has a documented history of severe refractory Crohn disease with extensive intestinal inflammation affecting more than 50 cm of the small intestine; and

(b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

An adequate response to infliximab treatment is defined as:

- (a) a reduction in Crohn Disease Activity Index (CDAI) Score to no greater than 150; or
- (b) improvement of intestinal inflammation as demonstrated by:
 - (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR
 - (ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR
- (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or
- (c) reversal of high faecal output state; or
- (d) avoidance of the need for surgery or total parenteral nutrition (TPN).

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition; or
 - (ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy; or
 - (iii) the date of clinical assessment.

All assessments must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with infliximab, an assessment of the patient's response must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial 3 (grandfather)

Initial PBS-subsidised treatment of Crohn disease in a patient assessed by CDAI who has previously received non-PBS-subsidised therapy with infliximab.

Initial PBS-subsidised supply for continuing treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below, or other consultant physician in consultation with a gastroenterologist of a patient who:

- (a) has a documented history of severe refractory Crohn disease and was receiving treatment with infliximab prior to 7 March 2007; and
- (b) had a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 prior to commencing treatment with infliximab. Where a baseline CDAI assessment is not available, please call Medicare Australia on 1800 700 270 to discuss; and
- (c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) has demonstrated or sustained an adequate response to treatment with infliximab. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as a reduction in Crohn Disease Activity Index (CDAI) Score to no greater than 150.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and baseline Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition; and
 - (ii) the signed patient acknowledgement.

The current CDAI assessment must be no more than 1 month old at the time of application. The baseline CDAI assessment must be from

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immediately prior to commencing treatment with infliximab.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Authority required

Initial 3

Initial PBS-subsidised treatment of Crohn disease in a patient with short gut syndrome, an ostomy patient, or a patient with extensive small intestine disease, who has previously received non-PBS-subsidised therapy with infliximab.

Initial PBS-subsidised supply for continuing treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below, or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of severe refractory Crohn disease and was receiving treatment with infliximab prior to 7 March 2007; and
- (b) (1) has a history of extensive small intestinal disease with radiological evidence of intestinal inflammation affecting more than 50 cm of the small intestine; or
- (2) has diagnostic imaging or surgical evidence of short gut syndrome or has an ileostomy or colostomy with a documented history of intestinal inflammation; and
- (c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) has demonstrated or sustained an adequate response to treatment with infliximab according to the criteria included in the relevant continuation restriction. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

The same criteria used to determine an inadequate response to prior treatment at baseline must be used to determine response to treatment and eligibility for continuing therapy, according to the criteria included in the continuing treatment restriction.

An adequate response to infliximab treatment is defined as:

- (a) a reduction in Crohn Disease Activity Index (CDAI) Score to no greater than 150; or
- (b) improvement of intestinal inflammation as demonstrated by:
 - (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR
 - (ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR
 - (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or
- (c) reversal of high faecal output state; or
- (d) avoidance of the need for surgery or total parenteral nutrition (TPN).

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) (1) the completed current and baseline Crohn Disease Activity Index (CDAI) Score calculation sheet, where relevant, including the date of the assessment of the patient's condition; or
 - (2) the reports and dates of the current and baseline pathology or diagnostic imaging test(s) in order to assess response to therapy; or
 - (3) the date of clinical assessment(s); and
 - (ii) the signed patient acknowledgement.

The patient's assessment must be no more than 1 month old at the time of application. The baseline CDAI assessments must be from immediately prior to commencing treatment with infliximab. Where a baseline assessment is not available, please call Medicare Australia on 1800 700 270 to discuss.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and

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posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for adult patients with severe refractory Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 August 2008, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 August 2008 is considered to be in their first cycle as of 1 August 2008.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2008.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2008, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

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					Max. Qty \$	

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment. Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, evidence of intestinal inflammation), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for severe refractory Crohn disease prior to 9 November 2007 or infliximab prior to 7 March 2007 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

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<p>'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.</p>						
9613Y	Powder for I.V. infusion 100 mg	1	788.19	Remicade JC

INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for adult patients with severe refractory Crohn disease. Where the term 'tumour necrosis factor (TNF) alpha antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alpha antagonists at any 1 time.

From 1 August 2008, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alpha antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alpha antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alpha antagonist treatment prior to 1 August 2008 is considered to be in their first cycle as of 1 August 2008.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alpha antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alpha antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alpha antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alpha antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alpha antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alpha antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alpha antagonist therapy after 1 August 2008.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alpha antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alpha antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alpha antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

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					Price for Max. Qty \$	

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2008, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment. Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, evidence of intestinal inflammation), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for severe refractory Crohn disease prior to 9 November 2007 or infliximab prior to 7 March

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2007 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial treatment of Crohn disease in a paediatric patient.

Initial PBS-subsidised treatment by a gastroenterologist, paediatrician or consultant physician as specified in the NOTE below, of a patient aged 6 to 17 years inclusive with moderate to severe refractory Crohn disease who satisfies the following criteria:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or consultant physician as specified in the NOTE below; and
- (b) whose parent or authorised guardian has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (c) has failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including:
 - (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period;
 - (ii) an 8 week course of enteral nutrition;
 - (iii) immunosuppressive therapy including:
 - azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
 - 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
 - methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) severity of disease activity which results in a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 30 as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) The most recent PCDAI assessment must be no more than 1 month old at the time of application.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet including the date of assessment of the patient's condition; and
 - (ii) details of previous systemic drug therapy [dosage, date of commencement and duration of therapy], or dates of enteral nutrition; and
 - (iii) the signed patient acknowledgement.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following

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the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Continuing treatment of Crohn disease in a patient initiated on PBS-subsidised treatment as a paediatric patient.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, paediatrician, consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of moderate to severe refractory Crohn disease; and
- (b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as a reduction in Paediatric Crohn Disease Activity Index (PCDAI) Score by at least 15 points as compared to baseline AND a total PCDAI score of 30 points or less.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
- (i) the completed Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition.

The PCDAI assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with infliximab, a PCDAI assessment of the patient's response must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to receive PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial PBS-subsidised treatment of Crohn disease in a paediatric patient who has previously received non-PBS-subsidised therapy with infliximab.

Initial PBS-subsidised supply for continuing treatment with infliximab by a gastroenterologist, paediatrician, consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient aged 6 to 17 years inclusive who:

- (a) has a documented history of moderate to severe refractory Crohn disease and was receiving treatment with infliximab prior to 4 July 2007; and
- (b) had a Paediatric Crohn Disease Activity Index (PCDAI) Score of greater than 30 prior to commencing treatment with infliximab. Where a baseline CDAI assessment is not available, please call Medicare Australia on 1800 700 270 to discuss; and
- (c) whose parent or authorised guardian has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) has demonstrated or sustained an adequate response to treatment with infliximab. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as a reduction in Paediatric Crohn Disease Activity Index (PCDAI) Score by at least 15 points as compared to baseline AND a total PCDAI score of 30 points or less.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and baseline Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition; and
 - (ii) the signed patient acknowledgement.

The current PCDAI assessment must be no more than 1 month old at the time of application. The baseline PCDAI assessment must be from immediately prior to commencing treatment with infliximab.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to recommence PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

9612X	Powder for I.V. infusion 100 mg	1	788.19	Remicade	JC
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INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for patients with complex refractory fistulising Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 April 2011 is considered to be in their first cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for complex refractory fistulising Crohn disease prior to 4 November 2010 or infliximab prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1

Initial treatment of complex refractory FISTULISING CROHN DISEASE.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with complex refractory fistulising Crohn disease who:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician as specified in the NOTE below; and
- (b) has an externally draining enterocutaneous or rectovaginal fistula; and
- (c) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and
 - (ii) a signed patient acknowledgement.

The most recent fistula assessment must be no more than 1 month old at the time of application.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6 will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 3 doses of infliximab

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

An assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (up to 6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial 2

Change or re-commencement of treatment of complex refractory FISTULISING CROHN DISEASE.

Initial PBS-subsidised treatment with infliximab of complex refractory fistulising Crohn disease by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with complex refractory fistulising Crohn disease who:

- (a) has a documented history of complex refractory fistulising Crohn disease; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or infliximab for a draining enterocutaneous or rectovaginal fistula; and
- (c) has not failed PBS-subsidised therapy with infliximab for this condition more than once in the current treatment cycle.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and
 - (ii) details of prior TNF-alfa antagonist treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 1 month old at the time of application.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

An assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (up to 6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial 3 (grandfather)

Initial PBS-subsidised treatment of complex refractory FISTULISING CROHN DISEASE in a patient who has previously received non-PBS-subsidised

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	Max. Qty	
					\$		

therapy with infliximab.

Initial PBS-subsidised supply for continuing treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below, or other consultant physician in consultation with a gastroenterologist of a patient who satisfies the following criteria:

- (a) has a documented history of complex refractory fistulising Crohn disease and was receiving treatment with infliximab prior to 1 March 2010; and
- (b) had a draining enterocutaneous or rectovaginal fistula(e) prior to commencing treatment with infliximab; and
- (c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) is receiving treatment with infliximab at the time of application; and
- (e) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) a completed current and baseline Fistula Assessment form including the date of assessment of the patient's condition; and
 - (ii) a signed patient acknowledgement.

The current fistula assessment must be no more than 1 month old at the time of application.

The baseline fistula assessment must be from immediately prior to commencing treatment with infliximab.

An assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Authority required

Continuing treatment of complex refractory FISTULISING CROHN DISEASE.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of complex refractory fistulising Crohn disease; and
- (b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
<p>The fistula assessment must be no more than 1 month old at the time of application.</p> <p>If the application is the first application for continuing treatment with infliximab, an assessment of the patient's response must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.</p> <p>An assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criteria.</p> <p>Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.</p> <p>Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.</p> <p>At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.</p> <p>Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p>						
9674E	Powder for I.V. infusion 100 mg	1	..	..	788.19	Remicade JC

INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents adalimumab, etanercept, infliximab and ustekinumab, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, infliximab and ustekinumab.

From 1 March 2010, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept, infliximab or ustekinumab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

A patient who received PBS-subsidised biological agent treatment for chronic plaque psoriasis prior to 1 March 2010 is considered to be in their first Cycle as of 1 March 2010.

Patients are eligible for PBS-subsidised treatment with only 1 biological agent at any 1 time.

Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for a PBS-subsidised biological agent, they must change to an alternate agent if they wish to continue PBS-subsidised biological treatment. A patient who, prior to 1 March 2010, was authorised to receive PBS-subsidised initial treatment for chronic plaque psoriasis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2010.

Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological agent therapy before they are eligible to commence the next Cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological agent treatment in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Treatment Cycle.

Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 March 2010.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made in the following situations:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); or
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under '(4) Swapping therapy' below]; or
- (iii) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).

All applications for initial treatment will be limited to provide for a maximum of 16 weeks of treatment in the case of adalimumab and etanercept, 22 weeks of treatment in the case of infliximab and 28 weeks of treatment in the case of ustekinumab.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological agent, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this initial treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Application for continuing treatment.

Following the completion of an initial treatment course of a biological agent to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with that biological agent. Patients are eligible to continue to receive continuous treatment with 24 week courses providing they continue to sustain a response.

For second and subsequent courses of PBS-subsidised treatment with adalimumab, etanercept, infliximab or ustekinumab it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a response to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

(4) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate agent within the same Treatment Cycle without having to requalify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular agent within the same Cycle.

Patients who commenced treatment with adalimumab prior to 1 June 2009 or ustekinumab prior to 1 March 2010 access these interchangeability arrangements in the same way as patients who have not.

HIGHLY SPECIALISED DRUGS PROGRAM (Private Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.

(5) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a Treatment Cycle and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.

(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.

Authority required

Initial treatment [Initial 1, Whole body (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis; and
- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (whole body); and
- (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 - (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 - (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 - (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.
- (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
 - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 - (iii) the signed patient and prescriber acknowledgements.

A maximum of 22 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST

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Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 22 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial or re-Treatment [Initial 2, Whole body (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis; and
- (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have not failed PBS-subsidised therapy with infliximab for the treatment of this condition in the current Treatment Cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
 - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

Applications for patients who have demonstrated a response to PBS-subsidised infliximab treatment within this Treatment Cycle and who wish to re-commence infliximab treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised infliximab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.

A maximum of 22 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 22 weeks.

A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Continuing treatment (Whole body)

Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:

- (a) who have a documented history of severe chronic plaque psoriasis; and
- (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with infliximab; and
- (c) who have demonstrated an adequate response to their most recent course of treatment with infliximab.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-biological treatment baseline value for this Treatment Cycle.

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					\$	

This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet along with the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with infliximab.

A maximum of 24 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.

A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Initial treatment [Initial 1, Face, hand, foot (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (face, hand, foot); and
- (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 - (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 - (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 - (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:
 - (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or
 - (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following

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cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]]; and
 - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 - (iii) the signed patient and prescriber acknowledgements.

A maximum of 22 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 22 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Authority required

Initial or re-Treatment [Initial 2, Face, hand, foot (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have not failed PBS-subsidised therapy with infliximab for the treatment of this condition in the current Treatment Cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]]; and
 - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

Applications for patients who have demonstrated a response to PBS-subsidised infliximab treatment within this Treatment Cycle and who wish to re-commence infliximab treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised infliximab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.

A maximum of 22 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 22 weeks.

A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on

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1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Continuing treatment (Face, hand, foot)

Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:

- (a) who have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with infliximab; and
- (c) who have demonstrated an adequate response to treatment with infliximab.

An adequate response to infliximab treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

- (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or
- (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams along with the date of the assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

The most recent PASI assessment must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.

A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

No applications for increased repeats will be authorised.

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Interleukin inhibitors

TOCILIZUMAB

Note

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

Further prescribing information (including Authority Application Forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab

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and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period

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applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with tocilizumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more

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combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(i) a total active joint count of at least 20 active (swollen and tender) joints; or

(ii) at least 4 active joints from the following list of major joints:

— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and

(3) a signed patient acknowledgement.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 3 repeats of each strength may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

Patients who fail to demonstrate a response to treatment with tocilizumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with tocilizumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

(a) have a documented history of severe active rheumatoid arthritis; and

(b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with tocilizumab and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised tocilizumab treatment, within the timeframes

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					\$	

specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats of each strength may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised tocilizumab treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised tocilizumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Patients who fail to demonstrate a response to treatment with tocilizumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with tocilizumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with tocilizumab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with tocilizumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats of each strength may be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with tocilizumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with tocilizumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

Patients who fail to demonstrate a response to treatment with tocilizumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

Special Pricing Arrangements apply.

9671B	Concentrate for injection 80 mg in 4 mL	1	200.78	Actemra	RO
9672C	Concentrate for injection 200 mg in 10 mL	1	492.31	Actemra	RO

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9673D	Concentrate for injection 400 mg in 20 mL	1	978.20	Actemra	RO

Calcineurin inhibitors

CYCLOSPORIN

Caution

Careful monitoring of patients is mandatory.

Authority required

For use by organ or tissue transplant recipients.

6109M	Solution concentrate for I.V. infusion 50 mg in 1 mL	10	64.52	Sandimmun	NV
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CYCLOSPORIN

Caution

Careful monitoring of patients is mandatory.

Authority required

Management of rejection in patients following organ or tissue transplantation, under the supervision and direction of a transplant unit. Management includes initiation, stabilisation and review of therapy as required;

Management (which includes initiation, stabilisation and review of therapy) by dermatologists or clinical immunologists of patients with severe atopic dermatitis for whom other systemic therapies are ineffective or inappropriate;

Management (which includes initiation, stabilisation and review of therapy) by dermatologists of patients with severe psoriasis for whom other systemic therapies are ineffective or inappropriate and in whom the disease has caused significant interference with quality of life;

Management (which includes initiation, stabilisation and review of therapy) by nephrologists of patients with nephrotic syndrome in patients in whom steroids and cytostatic drugs have failed or are not tolerated or are considered inappropriate and in whom renal function is unimpaired;

Management (which includes initiation, stabilisation and review of therapy) by rheumatologists or clinical immunologists of patients with severe active rheumatoid arthritis for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate.

6125J	Oral liquid 100 mg per mL, 50 mL	4	5	..	*1309.58	Neoral	NV
6232B	Capsule 10 mg	120	5	..	*84.82	Neoral 10	NV
6352H	Capsule 25 mg	120	5	..	*166.14 ^a	Cicloral	SZ
						Neoral 25	NV
6353J	Capsule 50 mg	120	5	..	*338.74 ^a	Cicloral	SZ
				^B 4.40	*343.14 ^a	Neoral 50	NV
6354K	Capsule 100 mg	120	5	..	*683.54 ^a	Cicloral	SZ
				^B 5.80	*689.34 ^a	Neoral 100	NV

TACROLIMUS

Caution

Careful monitoring of patients is mandatory.

Authority required

Management of rejection in patients following organ or tissue transplantation, under the supervision and direction of a transplant unit. Management includes initiation, stabilisation and review of therapy as required.

6216E	Capsule 1 mg	200	5	..	*688.32 ^a	Prograf	JC
						Tacrolimus Sandoz	SZ
6217F	Capsule 5 mg	100	5	..	*1684.80 ^a	Prograf	JC
						Tacrolimus Sandoz	SZ
6328C	Capsule 0.5 mg	200	5	..	*347.38 ^a	Prograf	JC
						Tacrolimus Sandoz	SZ
9681M	Capsule 0.5 mg (once daily prolonged release)	60	5	..	*108.78	Prograf XL	JC
9682N	Capsule 1 mg (once daily prolonged release)	120	5	..	*415.56	Prograf XL	JC
9683P	Capsule 5 mg (once daily prolonged release)	60	5	..	*1029.30	Prograf XL	JC

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Other immunosuppressants

LENALIDOMIDE

Note

Any queries concerning the arrangements to prescribe lenalidomide 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.

Any queries concerning patients who are enrolled on the Lenalidomide Compassionate program may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). These patients must demonstrate they met initial criteria prior to commencing treatment on the compassionate program and also demonstrate they do not have progressive disease. Baseline and current pathology reports must be submitted with the initial application.

Applications for authority to prescribe lenalidomide should be forwarded to:

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

Authority required

Initial PBS-subsidised treatment, as monotherapy or in combination with dexamethasone, 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 4 drug-related dermatological reactions, such as Stevens-Johnson Syndrome, or other Grade 3 or 4 toxicity.

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.

Lenalidomide will only be subsidised for patients with multiple myeloma who are not receiving concomitant PBS-subsidised bortezomib.

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

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- (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

(3) duration of thalidomide and daily dose prescribed; and

(4) a signed patient acknowledgment.

Note

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

Authority required

Continuing PBS-subsidised treatment, as monotherapy or in combination with dexamethasone, of multiple myeloma in a patient who has previously been issued with an authority prescription for lenalidomide and who does not have progressive disease.

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).

Authority applications for continuing treatment may be made by telephone to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

Note

Special Pricing Arrangements apply.

9642L	Capsule 5 mg	21	..	..	5438.80	Revlimid	CJ
9643M	Capsule 10 mg	21	..	..	5689.75	Revlimid	CJ
9644N	Capsule 15 mg	21	..	..	6628.03	Revlimid	CJ
9645P	Capsule 25 mg	21	..	..	6980.62	Revlimid	CJ

RITUXIMAB

Note

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

Further prescribing information (including Authority Application Forms) is on the Medicare Australia website at www.medicareaustralia.gov.au.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

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Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF- α antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF- α antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

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					Price for Max. Qty	\$	

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

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Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with rituximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have failed to respond to at least 1 PBS-subsidised TNF- α antagonist; and
- (c) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (d) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the

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reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of two infusions will be authorised under this restriction.

Assessment of a patient's response to an initial course of treatment must be made at least 12 weeks after the first infusion so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia within 4 weeks of the date it was conducted.

Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with rituximab.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

Patients who fail to demonstrate a response to treatment with rituximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Patients who fail to demonstrate a response to rituximab treatment and who qualify to trial an alternate bDMARD according to the interchangeability arrangements for bDMARDs for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with rituximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have a documented history of severe active rheumatoid arthritis; and
- (b) have failed to respond to at least 1 PBS-subsidised TNF-alfa antagonist; and
- (c) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with rituximab and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised rituximab treatment, within the timeframes specified below.

A maximum of two infusions will be authorised under this restriction.

Where the most recent course of PBS-subsidised rituximab treatment was approved under either of the initial 1 or 2 treatment restrictions patients must be assessed for response at least 12 weeks after the first infusion. This assessment must be provided to Medicare Australia no later than 4 weeks from the date of assessment.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The demonstration of response must be submitted to Medicare Australia within 4 weeks of assessment.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

Patients who fail to demonstrate a response to treatment with rituximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Patients who fail to demonstrate a response to rituximab treatment and who qualify to trial an alternate bDMARD according to the interchangeability arrangements for bDMARDs for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with rituximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or

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					\$	

clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with rituximab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with rituximab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of two infusions will be authorised under this restriction.

Patients may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The demonstration of response must be submitted to Medicare Australia within 4 weeks of assessment.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

Patients who fail to demonstrate a response to treatment with rituximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

Special Pricing Arrangements apply.

9611W	Solution for I.V. infusion 500 mg in 50 mL	1	2309.99	Mabthera	RO
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THALIDOMIDE

Caution

Thalidomide is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and for 1 month after cessation of treatment.

Authority required

Multiple myeloma.

Note

Patients receiving thalidomide under the PBS listing must be registered in the i-access risk management program.

6469L	Capsule 50 mg	112	*1726.42	Thalomid	CJ
9684Q	Capsule 100 mg	56	*1726.42	Thalomid	CJ

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					Price for Max. Qty \$	

Musculo-skeletal system

Muscle relaxants

Muscle relaxants, centrally acting agents

Other centrally acting agents

BACLOFEN

Authority required

Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity of cerebral origin;

Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity due to multiple sclerosis;

Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity due to spinal cord injury;

Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity due to spinal cord disease.

6284R	Intrathecal injection 10 mg in 5 mL	10	*1530.12	Lioresal Intrathecal	NV
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Drugs for treatment of bone diseases

Drugs affecting bone structure and mineralization

Bisphosphonates

DISODIUM PAMIDRONATE

Authority required

Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

Note

Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 15 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 15 mg are equivalent for the purposes of substitution.

6286W	Concentrated injection 15 mg in 5 mL	4	2	..	*224.74 ^a	Pamisol	HH
6290C	Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL	1	2	..	224.73 ^a	Aredia 15 mg	NV

DISODIUM PAMIDRONATE

Authority required

Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

Note

Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 30 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 30 mg are equivalent for the purposes of substitution.

6279L	Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL	1	2	..	224.73 ^a	Aredia 30 mg	NV
6287X	Concentrated injection 30 mg in 10 mL	2	2	..	*224.74 ^a	Pamisol	HH

DISODIUM PAMIDRONATE

Authority required

Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

6288Y	Concentrated injection 60 mg in 10 mL	1	2	..	224.72	Pamisol	HH
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DISODIUM PAMIDRONATE

Authority required

Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
<u>Authority required</u>						
Multiple myeloma;						
Bone metastases from breast cancer.						
<u>Note</u>						
Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 90 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 90 mg are equivalent for the purposes of substitution.						
6223M	Injection set containing 1 vial powder for I.V. infusion 90 mg and 1 ampoule solvent 10 mL	1	11	..	333.86 ^a	Aredia 90 mg NV
6289B	Concentrated injection 90 mg in 10 mL	1	11	..	333.86 ^a	Pamisol HH
IBANDRONIC ACID						
<u>Authority required</u>						
Bone metastases from breast cancer.						
9619G	Concentrated injection for I.V. infusion 6 mg (as ibandronate sodium monohydrate) in 6 mL	1	11	..	361.43	Bondronat HH
ZOLEDRONIC ACID						
<u>Authority required</u>						
Multiple myeloma;						
Bone metastases from breast cancer;						
Bone metastases from hormone-resistant prostate cancer;						
Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.						
<u>Note</u>						
Special Pricing Arrangements apply.						
6371H	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	1	11	..	474.42	Zometa NV

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Nervous system

Anti-Parkinson drugs

Dopaminergic agents

Dopa and dopa derivatives

LEVODOPA with CARBIDOPA

Authority required

Management of advanced Parkinson disease in a patient with severe disabling motor fluctuations not adequately controlled by oral therapy.

Treatment must be commenced in a hospital-based movement disorder clinic.

Note

Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

A positive clinical response to Duodopa administered via a temporary nasoduodenal tube should be confirmed before a permanent percutaneous endoscopic gastrostomy (PEG) tube is inserted.

9744W	Intestinal gel 20 mg-5 mg per mL, 100 mL	56	5	..	*11582.42	Duodopa	AB
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Dopamine agonists

APOMORPHINE HYDROCHLORIDE

Authority required

Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.

9607P	Injection 20 mg in 2 mL	5	..	..	88.28	Apomine	HH
9640J	Injection 50 mg in 5 mL	5	..	..	208.86	Apomine	HH
9647R	Solution for subcutaneous infusion 50 mg in 10 mL pre-filled syringe	5	..	..	208.86	Apomine PFS	HH

Psycholeptics

Antipsychotics

Diazepines, oxazepines, thiazepines and oxepines

CLOZAPINE

Authority required

Schizophrenia in patients who are non-responsive to other neuroleptic agents;

Schizophrenia in patients who are intolerant of other neuroleptic agents.

6101D	Tablet 25 mg	100	..	..	55.94	^a Clopine 25	HH
					^a	Clozaril 25	NV
6102E	Tablet 100 mg	100	..	..	183.97	^a Clopine 100	HH
					^a	Clozaril 100	NV
6417R	Tablet 50 mg	100	..	..	101.48	Clopine 50	HH
6418T	Tablet 200 mg	100	361.52	Clopine 200	HH
9632Y	Oral liquid 50 mg per mL, 100 mL	1	146.82	Clopine Suspension	HH

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					Price for Max. Qty \$	

Respiratory system

Drugs for obstructive airway diseases

Other systemic drugs for obstructive airway diseases

Other systemic drugs for obstructive airway diseases

OMALIZUMAB

Note

Any queries concerning the arrangements to prescribe omalizumab 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.

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

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

Note

TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ALLERGIC ASTHMA

Patients are eligible to commence an 'omalizumab treatment cycle' (initial treatment course with or without continuing treatment course/s) if they satisfy the eligibility criteria as detailed under the initial treatment restriction.

Once a patient has either failed to achieve or maintain a response to omalizumab, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 6 month break in PBS-subsidised omalizumab therapy before they are eligible to commence the next cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised omalizumab treatment is stopped to the date of the first application for initial treatment with omalizumab under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised omalizumab therapy.

(a) Initial treatment.

Applications for initial treatment should be made where a patient has received no prior PBS-subsidised omalizumab treatment in this treatment cycle and wishes to commence such therapy.

Initial treatment authorisations will be limited to provide for a maximum of 28 weeks of therapy with omalizumab.

A patient must be assessed for response to a course of Initial PBS-subsidised treatment following a minimum of 24 weeks of therapy with omalizumab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date of assessment.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with omalizumab.

For second and subsequent courses of PBS-subsidised omalizumab treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of the initial treatment course with omalizumab, a patient may qualify to receive up to a further 24 weeks of continuing treatment with omalizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing omalizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted omalizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with omalizumab.

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					Price for Max. Qty	Max. Qty	
					\$	\$	

(2) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) and oral corticosteroid dose, submitted with the Initial authority application for omalizumab. However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

(3) Re-commencement of treatment after a 6 month break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised omalizumab therapy of at least 6 months, must re-qualify for initial treatment with respect to the indices of disease severity (oral corticosteroid dose, Asthma Control Questionnaire (ACQ-5) score, and relevant exacerbation history). Patients must have received optimised standard therapy, at adequate doses and for the minimum period specified, immediately prior to the time the new baseline assessments are performed.

(4) Patients 'grandfathered' onto PBS-subsidised treatment with omalizumab.

A patient who commenced treatment with omalizumab for uncontrolled severe allergic asthma prior to 1 November 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with omalizumab will be authorised under this criterion.

Following completion of the Initial PBS-subsidised course, further applications for treatment with omalizumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle (initial treatment course with or without continuing treatment course/s). For the second and subsequent cycles, a 'Grandfathered' patient must re-qualify for Initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 6 month break in PBS-subsidised therapy' above for further details.

(5) Monitoring of patients.

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

Authority required

Initial treatment of uncontrolled severe allergic asthma

Initial PBS-subsidised treatment with omalizumab by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, of a patient aged 12 years or older with uncontrolled severe allergic asthma who has been under the care of this physician for at least 12 months, and satisfies the following criteria:

(a) has a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by standard clinical features, including:

- (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or
- (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or
- (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; and

(b) duration of asthma of at least 1 year; and

(c) FEV1 less than or equal to 80% predicted, documented on 3 or more occasions in the previous 12 months; and

(d) past or current evidence of atopy, documented by skin prick testing or RAST; and

(e) total serum human immunoglobulin E (IgE) greater than or equal to 76 IU/mL; and

(f) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and

(g) has failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented (see NOTE). Optimised asthma therapy includes:

- (i) adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (budesonide 1600 micrograms per day or fluticasone propionate 1000 micrograms per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 micrograms bd or formoterol 12 micrograms bd) for at least 12 months, unless contraindicated or not tolerated, AND
- (ii) oral corticosteroids (at least 10 mg per day prednisolone (or equivalent)) for at least 6 weeks, unless contraindicated or not tolerated.

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If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the authority application. Details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The initial IgE assessment must be no more than 12 months old at the time of application. A re-assessment of free IgE can only be made at least 12 months after the last dose of omalizumab. For patients re-commencing omalizumab within 12 months of the last dose the previous pre-omalizumab IgE level should be used.

The IgE pathology report must be provided with the authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, AND
- (b) while on oral corticosteroids and in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Allergic Asthma PBS Authority Application - Supporting Information Form (may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)) which includes the following:
 - (i) details of prior optimised asthma drug therapy (dosage, date of commencement and duration of therapy); and
 - (ii) details of severe exacerbation/s experienced while on oral corticosteroids (date and treatment); and
 - (iii) the signed patient acknowledgement; and
- (c) a completed Asthma Control Questionnaire (ACQ-5) calculation sheet including the date of assessment of the patient's symptoms. (For copies of the ACQ please contact Novartis Medical Information on 1800 671 203 or medinfo.phauno@novartis.com)

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information) to be administered every 2 or 4 weeks.

Where fewer than the required number of repeats to complete 28 weeks of treatment are requested at the time of the application, authority approvals for sufficient repeats to complete 28 weeks of omalizumab therapy may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 28 weeks.

The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, must be made at around 24 to 26 weeks after the first dose so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted to Medicare Australia within this timeframe, the patient will be deemed to have failed to respond to treatment with omalizumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 24 to 26 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.

Note

Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.medicareaustralia.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with omalizumab, by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, of a patient who:

- (a) has a documented history of severe allergic asthma; and
- (b) has demonstrated or sustained an adequate response to treatment with omalizumab.

An adequate response to omalizumab treatment is defined as:

- (a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline, OR
- (b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline.

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The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Allergic Asthma PBS Authority Application - Supporting Information Form (may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)) which includes details of maintenance oral corticosteroid dose; and
- (c) a completed Asthma Control Questionnaire (ACQ-5) calculation sheet including the date of assessment of the patient's symptoms. (For copies of the ACQ please contact Novartis Medical Information on 1800 671 203 or medinfo.phauno@novartis.com)

All applications for continuing treatment with omalizumab must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the prior course of treatment, and the assessment of oral corticosteroid dose, must be made at around 20 to 22 weeks after the first dose so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The first assessment should, where possible, be completed by the same physician who initiated treatment with omalizumab. If the same physician cannot assess the patient please call Medicare Australia on 1800 700 270.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted to Medicare Australia within this timeframe, the patient will be deemed to have failed to respond to treatment with omalizumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 20 to 22 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

Patients are eligible to receive continuing courses of omalizumab treatment of up to 24 weeks providing they continue to demonstrate an adequate response to treatment.

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for a continuing course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information), sufficient for 24 weeks of therapy.

Where fewer than the required number of repeats to complete 24 weeks of treatment are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks of omalizumab therapy may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.

Authority required

Initial PBS-subsidised treatment of severe allergic asthma in a patient who has previously received non-PBS-subsidised therapy with omalizumab (grandfather patients)

Initial PBS-subsidised supply for continuing treatment with omalizumab by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, of a patient aged 12 years or older with severe allergic asthma who satisfies the following criteria:

- (a) has a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by standard clinical features, including:
 - (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or
 - (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or
 - (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; and
- (b) duration of asthma of at least 1 year; and
- (c) past or current evidence of atopy, documented by skin prick testing or RAST; and
- (d) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment for grandfathered patients; and
- (e) prior to omalizumab therapy had failed to achieve adequate control with optimised asthma therapy. Optimised asthma therapy includes:
 - (i) adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (budesonide 1600 micrograms per day or fluticasone propionate 1000 micrograms per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 micrograms bd or formoterol 12 micrograms bd) for at least 12 months, and
 - (ii) may have included maintenance dose oral corticosteroids; and

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(f) has demonstrated an adequate response to treatment with omalizumab.

A review of the patient's records should be conducted to extract pre- and post-omalizumab data on symptoms, quality of life, medication doses, exacerbations and hospitalisations. Examples of parameters to establish response include:

- (i) a reduction in Asthma Control Questionnaire (ACQ-5) score of at least 0.5;
- (ii) an improvement of at least 0.5 in the Asthma Quality of Life Questionnaire (AQLQ or mini-AQLQ);
- (iii) maintenance oral corticosteroid dose reduced by at least 25% from baseline; and/or
- (iv) a reduction in the number of hospitalisations or severe exacerbations requiring use of systemic corticosteroids, compared to the 12 months prior to commencement of omalizumab.

Where baseline assessments are not available, please call Medicare Australia on 1800 700 270 to discuss.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the authority application. Details of the accepted contraindications and toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Allergic Asthma PBS Authority Application - Supporting Information Form (may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)) which includes the following:
 - (i) details of prior optimised asthma drug therapy (dosage, date of commencement and duration of therapy); and
 - (ii) details of pre- and post-omalizumab data on symptoms, quality of life, medication doses, exacerbations and hospitalisations; and
 - (iii) the signed patient acknowledgement.

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information) to be administered every 2 or 4 weeks.

Where fewer than the required number of repeats to complete 24 weeks of treatment are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks of omalizumab therapy may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 24 weeks.

An assessment of the patient's continued response to this course of PBS-subsidised treatment must be made at around 20 to 22 weeks after the first dose so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed. The same parameters used to establish response to non-PBS-subsidised therapy with omalizumab should be used for the assessment.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted to Medicare Australia within this timeframe, the patient will be deemed to have failed to respond to treatment with omalizumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 20 to 22 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

Patients are eligible to receive continuing courses of omalizumab treatment of up to 24 weeks providing they continue to demonstrate an adequate response to treatment.

Patients may qualify for PBS-subsidised treatment under this restriction once only.

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.

Note

Special Pricing Arrangements apply.

9746Y	Powder for injection 150 mg with diluent	1	448.42	Xolair	NV
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Cough and cold preparations

Expectorants, excl. combinations with cough suppressants

Mucolytics

DORNASE ALFA

Authority required

Use by cystic fibrosis patients who satisfy all of the following criteria:

- (1) are 5 years of age or older;

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					\$	\$	

- (2) have a FVC greater than 40% predicted for age, gender and height;
- (3) have evidence of chronic suppurative lung disease (cough and sputum most days of the week, or greater than 3 respiratory tract infections of more than 2 weeks' duration in any 12 months, or objective evidence of obstructive airways disease);
- (4) are participating in a 4 week trial as detailed below or have achieved a 10% or greater improvement in FEV1 (compared to baseline established prior to dornase alfa treatment) after a 4 week trial.

In order for patients to be eligible for participation in the HSD program, the following conditions must be met:

- (1) Patients must be assessed at cystic fibrosis clinics/centres which are under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis and the prescribing of dornase alfa under the HSD program is limited to such physicians. If attendance at such units is not possible because of geographical isolation, management (including prescribing) may be by specialist physician or paediatrician in consultation with such a unit;
- (2) The measurement of lung function is to be conducted by independent (other than the treating doctor) experienced personnel at established lung function testing laboratories, unless this is not possible because of geographical isolation;
- (3) Prior to dornase alfa therapy, a baseline measurement of FEV1 must be undertaken during a stable period of the disease;
- (4) Initial therapy is limited to 4 weeks' treatment with dornase alfa at a dose of 2.5 mg daily;
- (5) At or towards the end of the initial 4 weeks' trial, patients must be reassessed and a further FEV1 measurement be undertaken (single test under conditions as above). Patients who achieve a 10% or greater improvement in FEV1 (compared to baseline established prior to dornase alfa treatment) are eligible for continued subsidy under the HSD program at a dose of 2.5 mg daily;
- (6) Patients who fail to meet a 10% or greater improvement in FEV1 after the initial 4 weeks' treatment at a dose of 2.5 mg daily, may have 1 further trial in the next 12 months but not before 3 months after the initial trial;
- (7) Following an initial 6 months' therapy, a global assessment must be undertaken involving the patient, the patient's family (in the case of paediatric patients) and the treating physician(s) to establish that all agree that dornase alfa treatment is continuing to produce worthwhile benefits. (Dornase alfa therapy should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.) Further reassessments are to be undertaken at six-monthly intervals;
- (8) Other aspects of treatment, such as physiotherapy, must be continued;
- (9) Where there is documented evidence that a patient already receiving dornase alfa therapy would have met the criteria for subsidy (i.e. satisfied the criteria for the 4 week trial and achieved a 10% or greater improvement in FEV1) then the patient is eligible to continue treatment under the HSD program. Where such evidence is not available, patients will need to satisfy the initiation and continuation criteria as for new patients. (Four weeks is considered a suitable wash-out period).

Note

It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.

Authority required

Treatment of cystic fibrosis in a patient less than 5 years of age who has:

- (1) A severe clinical course with frequent respiratory exacerbations or chronic respiratory symptoms (including chronic or recurrent cough, wheeze or tachypnoea) requiring frequent hospital admissions more frequently than 3 times per year; or
- (2) Significant bronchiectasis on chest high resolution computed tomography scan; or
- (3) Severe cystic fibrosis bronchiolitis with persistent wheeze non-responsive to conventional medicines; or
- (4) Severe physiological deficit measure by forced oscillation technique or multiple breath nitrogen washout and failure to respond to conventional therapy.

In order for the patient to be eligible for participation in the HSD program, the following conditions must be met:

- (1) The patient must be assessed at a cystic fibrosis clinic/centre which is under the supervision of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis, and the prescribing of dornase alfa under the HSD program is limited to such physicians. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be by specialist physician or paediatrician in consultation with such a unit;
- (2) Following an initial 6 months therapy, a comprehensive assessment must be undertaken and documented involving the patient, the patient's family, the treating physician and an additional independent member of the cystic fibrosis treatment team to establish agreement that dornase alfa treatment is continuing to produce worthwhile benefit. Treatment with dornase alfa should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use. Further reassessments are to be undertaken and documented yearly.

Note

It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.

Authority required

Grandfather — continuing for patients five years or older

Continuation of treatment of cystic fibrosis in a patient 5 years of age or older, who initiated treatment with dornase alfa at an age of less than 5 years and for whom a comprehensive assessment, involving the patient's family, the treating physician and an additional independent member of the cystic fibrosis treatment team, documents agreement that dornase alfa treatment is continuing to produce worthwhile benefit. Further reassessments are to be undertaken and documented yearly. Treatment with dornase alfa should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.

Note

It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.

Authority required

Grandfather — for patients less than five years of age who initiated dornase alfa prior to listing

Treatment of cystic fibrosis in a patient less than 5 years of age who initiated treatment with dornase alfa prior to 1 November 2009 and for whom a comprehensive assessment, involving the patient's family, the treating physician and an additional independent member of the cystic fibrosis treatment team, documents agreement that dornase alfa treatment is continuing to produce worthwhile benefit. Further reassessments are to be

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undertaken and documented yearly. Treatment with dornase alfa should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.

Note

It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.

6120D	Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL	60	5	..	*2406.42	Pulmozyme	RO
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Sensory organs

Ophthalmologicals

Antiinfectives						
Antivirals						
GANCICLOVIR						
Authority required						
Cytomegalovirus retinitis in severely immunocompromised patients.						
6256G	Intravitreal implant 4.5 mg	1	6046.42	Vitrasert BU

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Various

All other therapeutic products

All other therapeutic products *Iron chelating agents*

DEFERASIROX

Authority required

Chronic iron overload in patients with disorders of erythropoiesis.

Note

Special Pricing Arrangements apply.

6499C	Tablet 125 mg (dispersible)	168	5	..	*1447.92	Exjade	NV
6500D	Tablet 250 mg (dispersible)	168	5	..	*2849.34	Exjade	NV
9600G	Tablet 500 mg (dispersible)	168	5	..	*5652.24	Exjade	NV

DEFERIPRONE

Authority required

Iron overload in patients with thalassaemia major who are unable to take desferrioxamine therapy;

Iron overload in patients with thalassaemia major in whom desferrioxamine therapy has proven ineffective.

6416Q	Tablet 500 mg	600	5	..	*2749.80	Ferriprox	OA
9638G	Oral solution 100 mg per mL, 250 mL	5	5	..	*1172.82	Ferriprox	OA

DEFERRIOXAMINE MESYLATE

Authority required

Disorders of erythropoiesis associated with treatment-related chronic iron overload.

6113R	Powder for injection 500 mg	400	5	..	*3772.02	^a Hospira Pty Limited	HH
				^B 308.80	*4080.82	^a Desferal 500 mg	NV
6270B	Powder for injection 2 g	60	5	..	*2281.62	^a Hospira Pty Limited	HH
				^B 22.80	*2304.42	^a Desferal 2 g	NV

Drugs for treatment of hyperkalemia and hyperphosphatemia

LANTHANUM

Authority required

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L at the commencement of therapy.

Management includes initiation, stabilisation and review of therapy as required;

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0 at the commencement of therapy.

Management includes initiation, stabilisation and review of therapy as required.

Note

Not to be used in combination with sevelamer.

9635D	Tablet, chewable, 500 mg (as carbonate hydrate)	180	5	..	*550.90	Fosrenol	ZI
9636E	Tablet, chewable, 750 mg (as carbonate hydrate)	180	5	..	*828.60	Fosrenol	ZI
9637F	Tablet, chewable, 1000 mg (as carbonate hydrate)	180	5	..	*932.04	Fosrenol	ZI

SEVELAMER HYDROCHLORIDE

Authority required

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L at the commencement of therapy.

Management includes initiation, stabilisation and review of therapy as required;

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0 at the commencement of therapy.

Management includes initiation, stabilisation and review of therapy as required.

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<u>Note</u> Not to be used in combination with lanthanum.						
9620H	Tablet 800 mg	360	5	..	*651.22	Renagel GZ

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					Max. Qty	\$	

Blood and blood forming organs

Antihemorrhagics

Vitamin K and other hemostatics

Other systemic hemostatics

ELTROMBOPAG

Note

Eltrombopag is not PBS-subsidised as an alternative to splenectomy.

Any queries concerning the arrangements to prescribe eltrombopag 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 eltrombopag 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.

Authority required

Initial (new patients)

Initial treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with severe chronic immune (idiopathic) thrombocytopenic purpura (ITP) who is:

(1) Splenectomised and:

(a) has had an inadequate response to, or is intolerant to, corticosteroid therapy post splenectomy; and

(b) has had an inadequate response to, or is intolerant to, immunoglobulin therapy post splenectomy;

OR

(2) Not splenectomised and:

(a) has had an inadequate response, or is intolerant to, corticosteroid therapy at a dose equivalent to 0.5-2 mg/kg/day of prednisone for at least 4-6 weeks; and

(b) has had an inadequate response, or is intolerant to, immunoglobulin therapy; and

(c) in whom splenectomy is contraindicated for medical reasons.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of initial application:

(a) a platelet count of less than or equal to 20,000 million per L;

OR

(b) a platelet count of 20-30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

The authority application must be made in writing and must include:

(1) a completed authority prescription form,

(2) a signed patient acknowledgement,

(3) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)],

(4) a copy of a full blood count pathology report supporting the diagnosis of ITP, and

(5) where the application is sought on the basis of a medical contraindication to surgery, a signed and dated letter from the clinician making this assessment which includes the date upon which the patient was assessed for surgery and the clinical grounds upon which surgery is contraindicated.

The full blood count must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with eltrombopag will be authorised under this criterion.

Note

Patients will be able to trial either eltrombopag and/or romiplostim within the initial 24 weeks treatment period. Patients who fail to demonstrate a response to treatment with either eltrombopag and/or romiplostim under the initial restriction will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

No applications for increased repeats will be authorised.

Authority required

Initial (grandfather patients)

Initial treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with severe chronic immune (idiopathic) thrombocytopenic purpura (ITP) who was receiving treatment with eltrombopag prior to 1 November 2011 and in

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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					Max. Qty \$	

whom the criteria for initial treatment can be demonstrated to have been met at the time eltrombopag was commenced.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form,
- (2) a signed patient acknowledgement,
- (3) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)], and
- (4) where the application is sought on the basis of a medical contraindication to surgery, a signed and dated letter from the clinician making this assessment which includes the date upon which the patient was assessed for surgery and the clinical grounds upon which surgery is contraindicated.

A maximum of 24 weeks of treatment with eltrombopag will be authorised under this criterion.

Note

No applications for increased repeats will be authorised.

Authority required

Continuing therapy or re-initiation after a break in therapy

First period of PBS-subsidised continuing treatment or re-initiation of interrupted PBS-subsidised treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who has displayed a sustained platelet response to treatment with eltrombopag during the initial period of PBS-subsidised treatment.

For the purposes of this restriction, a sustained platelet response is defined as:

- (a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the initial period of PBS-subsidised eltrombopag,

AND either of the following:

- (b) a platelet count greater than or equal to 50,000 million per L on at least four (4) occasions, each at least one week apart;

OR

- (c) a platelet count greater than 30,000 million per L and which is double the baseline (pre-treatment) platelet count on at least four (4) occasions, each at least one week apart.

Applications for the first period of continuing PBS-subsidised treatment or re-initiation of interrupted treatment must be made in writing and must include:

- (1) a completed authority prescription form, and
- (2) a completed Idiopathic Thrombocytopenic Purpura Continuing PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)], and
- (3) copies of the platelet count pathology reports (unless previously provided for patients re-initiating therapy).

The most recent platelet count must be no more than one month old at the time of application.

A maximum of 24 weeks of treatment with eltrombopag will be authorised under this criterion.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be made by telephone.

Note

No applications for increased repeats will be authorised.

Authority required

Second and subsequent applications for continuing therapy

Continuing treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who has previously received PBS-subsidised therapy with eltrombopag and who continues to display a response to treatment with eltrombopag.

For the purposes of this restriction, a continuing response to treatment with eltrombopag is defined as:

- (a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the most recent 24 week period of PBS-subsidised treatment with eltrombopag,

AND either of the following:

- (b) a platelet count greater than or equal to 50,000 million per L

OR

- (c) a platelet count greater than 30,000 million per L and which is double the baseline platelet count.

Platelet counts must be no more than 1 month old at the time of application.

Authority applications for second and subsequent periods of continuing therapy may be made by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

No applications for increased repeats will be authorised.

5825N	Tablet 25 mg (as olamine)	28	5	..	1512.00	Revolade	GK
5826P	Tablet 50 mg (as olamine)	28	5	..	3024.00	Revolade	GK

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

ROMIPLOSTIM

Note

Romiplostim is not PBS-subsidised as an alternative to splenectomy.

Any queries concerning the arrangements to prescribe romiplostim 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 romiplostim 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.

Authority required

Initial (new patients)

Initial treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with severe chronic immune (idiopathic) thrombocytopenic purpura (ITP) who is:

(1) Splenectomised and:

(a) has had an inadequate response to, or is intolerant to, corticosteroid therapy post splenectomy; and

(b) has had an inadequate response to, or is intolerant to, immunoglobulin therapy post splenectomy;

OR

(2) Not splenectomised and:

(a) has had an inadequate response, or is intolerant to, corticosteroid therapy at a dose equivalent to 0.5-2 mg/kg/day of prednisone for at least 4-6 weeks; and

(b) has had an inadequate response, or is intolerant to, immunoglobulin therapy; and

(c) in whom splenectomy is contraindicated for medical reasons.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of initial application:

(a) a platelet count of less than or equal to 20,000 million per L;

OR

(b) a platelet count of 20-30,000 million per L, where the patient is experiencing significant bleeding or has a history of significant bleeding in this platelet range.

The authority application must be made in writing and must include:

(1) a completed authority prescription form,

(2) a signed patient acknowledgement,

(3) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)],

(4) a copy of a full blood count pathology report supporting the diagnosis of ITP, and

(5) where the application is sought on the basis of a medical contraindication to surgery, a signed and dated letter from the clinician making this assessment which includes the date upon which the patient was assessed for surgery and the clinical grounds upon which surgery is contraindicated.

The full blood count must be no more than 1 month old at the time of application.

At the time of the written authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength to provide sufficient drug for a single treatment at a dose of 1 microgram/kg. Up to 1 repeat may be requested with the initial written application.

Subsequently during the initial period of dose titration, authority applications for a single dose and up to 1 repeat may be made by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The dose (microgram/kg/week) must be provided at the time of application.

Once a patient's dose has been stable for a period of 4 weeks, authority approvals for sufficient vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) for up to 4 weeks of treatment and up to 4 repeats may be granted, as long as the total period of treatment authorised under this restriction does not exceed 24 weeks.

Authority approval will not be given for doses of higher than 10 micrograms/kg/week.

Note

Patients will be able to trial either eltrombopag and/or romiplostim within the initial 24 weeks treatment period. Patients who fail to demonstrate a response to treatment with either eltrombopag and/or romiplostim under the initial restriction will not be eligible to receive further PBS-subsidised treatment with either of these drugs.

Authority required

Initial (grandfather patients)

Initial PBS-subsidised treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with severe chronic immune (idiopathic) thrombocytopenic purpura (ITP) who was receiving treatment with romiplostim prior to 1 April 2011 and in

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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					Max. Qty \$	

whom the criteria for initial treatment can be demonstrated to have been met at the time romiplostim was commenced.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form,
- (2) a signed patient acknowledgement,
- (3) a completed Idiopathic Thrombocytopenic Purpura Initial PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)], and
- (4) where the application is sought on the basis of a medical contraindication to surgery, a signed and dated letter from the clinician making this assessment which includes the date upon which the patient was assessed for surgery and the clinical grounds upon which surgery is contraindicated.

For patients whose dose of romiplostim had been stable for at least 4 weeks at the time of the initial application for PBS-subsidy, the medical practitioner should request sufficient number of vials based on the weight of the patient and dose (microgram/kg/week) to provide up to 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.

Where the patient is in the titration phase of treatment with romiplostim, medical practitioners should request the appropriate quantity of vials of appropriate strength to provide sufficient drug for a single treatment at a dose of 1 microgram/kg. Up to 1 repeat may be requested with the initial written application.

Subsequently during the initial period of dose titration, authority applications for a single dose and up to 1 repeat may be made by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). The dose (microgram/kg/week) must be provided at the time of application.

Once a patient's dose has been stable for a period of 4 weeks, authority approvals for sufficient vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) for up to 4 weeks of treatment and up to 4 repeats may be granted, as long as the total period of treatment authorised under this restriction does not exceed 24 weeks.

Authority approval will not be given for doses of higher than 10 micrograms/kg/week.

Authority required

Continuing therapy or re-initiation after a break in therapy

First period of PBS-subsidised continuing treatment or re-initiation of interrupted PBS-subsidised treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who has displayed a sustained platelet response to treatment with romiplostim during the initial period of PBS-subsidised treatment.

For the purposes of this restriction, a sustained platelet response is defined as:

- (a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the initial period of PBS-subsidised romiplostim,

AND either of the following:

- (b) a platelet count greater than or equal to 50,000 million per L on at least four (4) occasions, each at least one week apart;

OR

- (c) a platelet count greater than 30,000 million per L and which is double the baseline (pre-treatment) platelet count on at least four (4) occasions, each at least one week apart.

Applications for the first period of continuing PBS-subsidised treatment or re-initiation of interrupted treatment must be made in writing and must include:

- (1) a completed authority prescription form, and
- (2) a completed Idiopathic Thrombocytopenic Purpura Continuing PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)], and
- (3) copies of the platelet count pathology reports (unless previously provided for patients re-initiating therapy).

The most recent platelet count must be no more than one month old at the time of application.

The medical practitioner should request sufficient number of vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) to provide 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be made by telephone.

Authority approval will not be given for doses of higher than 10 micrograms/kg/week.

Authority required

Second and subsequent applications for continuing therapy

Continuing treatment, as the sole PBS-subsidised thrombopoietin receptor agonist (TRA), of severe thrombocytopenia in an adult patient with chronic immune (idiopathic) thrombocytopenic purpura (ITP) who has previously received PBS-subsidised therapy with romiplostim and who continues to display a response to treatment with romiplostim.

For the purposes of this restriction, a continuing response to treatment with romiplostim is defined as:

- (a) use of rescue medication (corticosteroids or immunoglobulins) on no more than one occasion during the most recent 24 week period of PBS-subsidised treatment with romiplostim,

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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<p>AND either of the following:</p> <p>(b) a platelet count greater than or equal to 50,000 million per L</p> <p>OR</p> <p>(c) a platelet count greater than 30,000 million per L and which is double the baseline platelet count.</p> <p>Platelet counts must be no more than 1 month old at the time of application.</p> <p>Authority applications for second and subsequent periods of continuing therapy may be made by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>The medical practitioner should request sufficient number of vials of appropriate strength based on the weight of the patient and dose (microgram/kg/week) to provide 4 weeks of treatment. Up to a maximum of 5 repeats may be authorised.</p> <p>Authority approval will not be given for doses of higher than 10 micrograms/kg/week.</p> <p><u>Note</u> Special Pricing Arrangements apply.</p>							
9696H	Powder for injection 375 micrograms (250 micrograms in 0.5 mL when reconstituted)	1	..	..	977.50	Nplate	AN
9698K	Powder for injection 625 micrograms (500 micrograms in 1 mL when reconstituted)	1	..	..	1955.00	Nplate	AN

Antianemic preparations

Other antianemic preparations

Other antianemic preparations

DARBEPOETIN ALFA

Authority required (STREAMLINED)

3334

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

5637Q	Injection 10 micrograms in 0.4 mL pre-filled syringe	8	5	..	*356.08	Aranesp	AN
5638R	Injection 20 micrograms in 0.5 mL pre-filled syringe	8	5	..	*670.62	Aranesp	AN
5639T	Injection 30 micrograms in 0.3 mL pre-filled syringe	8	5	..	*917.46	Aranesp	AN
5640W	Injection 40 micrograms in 0.4 mL pre-filled syringe	8	5	..	*1113.60	Aranesp	AN
5641X	Injection 50 micrograms in 0.5 mL pre-filled syringe	8	5	..	*1376.78	Aranesp	AN
5642Y	Injection 60 micrograms in 0.3 mL pre-filled syringe	8	5	..	*1616.66	Aranesp	AN
5643B	Injection 150 micrograms in 0.3 mL pre-filled syringe	8	5	..	*3904.50	Aranesp	AN
5644C	Injection 80 micrograms in 0.4 mL pre-filled syringe	8	5	..	*2128.00	Aranesp	AN
5645D	Injection 20 micrograms in 0.5 mL pre-filled injection pen	8	5	..	*670.64	Aranesp SureClick	AN
5646E	Injection 40 micrograms in 0.4 mL pre-filled injection pen	8	5	..	*1113.60	Aranesp SureClick	AN
5647F	Injection 60 micrograms in 0.3 mL pre-filled injection pen	8	5	..	*1616.64	Aranesp SureClick	AN
5648G	Injection 80 micrograms in 0.4 mL pre-filled injection pen	8	5	..	*2128.00	Aranesp SureClick	AN
5649H	Injection 100 micrograms in 0.5 mL pre-filled injection pen	8	5	..	*2620.48	Aranesp SureClick	AN
5650J	Injection 150 micrograms in 0.3 mL pre-filled injection pen	8	5	..	*3904.48	Aranesp SureClick	AN
5651K	Injection 100 micrograms in 0.5 mL pre-filled syringe	8	5	..	*2620.50	Aranesp	AN

EPOETIN ALFA

Authority required (STREAMLINED)

3334

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

5713Q	Injection 20,000 units in 0.5 mL pre-filled syringe	12	5	..	*3876.00	Eprex 20,000	JC
5714R	Injection 1,000 units in 0.5 mL pre-filled syringe	12	5	..	*279.30	Eprex 1000	JC
5715T	Injection 5,000 units in 0.5 mL pre-filled syringe	12	5	..	*1057.34	Eprex 5000	JC
5716W	Injection 6,000 units in 0.6 mL pre-filled syringe	12	5	..	*1255.14	Eprex 6000	JC
5717X	Injection 8,000 units in 0.8 mL pre-filled syringe	12	5	..	*1627.92	Eprex 8000	JC

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer	
					Price for Max. Qty \$		
5718Y	Injection 40,000 units in 1 mL pre-filled syringe	2	5	..	*1254.00	Eprex 40,000	JC
5719B	Injection 2,000 units in 0.5 mL pre-filled syringe	12	5	..	*516.80	Eprex 2000	JC
5720C	Injection 3,000 units in 0.3 mL pre-filled syringe	12	5	..	*666.90	Eprex 3000	JC
5721D	Injection 4,000 units in 0.4 mL pre-filled syringe	12	5	..	*849.30	Eprex 4000	JC
5722E	Injection 10,000 units in 1 mL pre-filled syringe	12	5	..	*1970.30	Eprex 10000	JC

EPOETIN BETA

Authority required (STREAMLINED)

3334

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

5724G	Injection 2,000 units in 0.3 mL pre-filled syringe	12	5	..	*516.80	NeoRecormon	RO
5725H	Injection 3,000 units in 0.3 mL pre-filled syringe	12	5	..	*666.90	NeoRecormon	RO
5726J	Injection 4,000 units in 0.3 mL pre-filled syringe	12	5	..	*849.30	NeoRecormon	RO
5727K	Injection 5,000 units in 0.3 mL pre-filled syringe	12	5	..	*1057.36	NeoRecormon	RO
5728L	Injection 6,000 units in 0.3 mL pre-filled syringe	12	5	..	*1255.14	NeoRecormon	RO
5729M	Injection 10,000 units in 0.6 mL pre-filled syringe	12	5	..	*1970.30	NeoRecormon	RO
5730N	Injection 20,000 units in 0.6 mL pre-filled syringe	12	5	..	*3876.00	NeoRecormon	RO

EPOETIN LAMBDA

Note

Epoetin lambda should only be administered by the intravenous route.

Authority required (STREAMLINED)

3334

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

9587N	Injection 4,000 units in 0.4 mL pre-filled syringe	12	5	..	*804.60	Novicrit	NV
9589Q	Injection 5,000 units in 0.5 mL pre-filled syringe	12	5	..	*1001.70	Novicrit	NV
9591T	Injection 6,000 units in 0.6 mL pre-filled syringe	12	5	..	*1189.08	Novicrit	NV
9594Y	Injection 8,000 units in 0.8 mL pre-filled syringe	12	5	..	*1542.24	Novicrit	NV
9596C	Injection 10,000 units in 1 mL pre-filled syringe	12	5	..	*1866.60	Novicrit	NV
9668W	Injection 1,000 units in 0.5 mL pre-filled syringe	12	5	..	*264.60	Novicrit	NV
9669X	Injection 2,000 units in 1 mL pre-filled syringe	12	5	..	*489.60	Novicrit	NV
9670Y	Injection 3,000 units in 0.3 mL pre-filled syringe	12	5	..	*631.80	Novicrit	NV

METHOXY POLYETHYLENE GLYCOL-EPOETIN BETA

Authority required (STREAMLINED)

3334

Treatment of anaemia requiring transfusion, defined as a haemoglobin level of less than 100 g per L, where intrinsic renal disease, as assessed by a nephrologist, is the primary cause of the anaemia.

5794Y	Injection 30 micrograms in 0.3 mL pre-filled syringe	2	5	..	*369.18	Mircera	RO
5795B	Injection 50 micrograms in 0.3 mL pre-filled syringe	2	5	..	*615.30	Mircera	RO
5796C	Injection 75 micrograms in 0.3 mL pre-filled syringe	2	5	..	*896.02	Mircera	RO
5797D	Injection 100 micrograms in 0.3 mL pre-filled syringe	2	5	..	*1158.82	Mircera	RO
5798E	Injection 120 micrograms in 0.3 mL pre-filled syringe	2	5	..	*1341.64	Mircera	RO
5799F	Injection 200 micrograms in 0.3 mL pre-filled syringe	2	5	..	*1924.30	Mircera	RO
5800G	Injection 360 micrograms in 0.6 mL pre-filled syringe	2	5	..	*3326.52	Mircera	RO

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Cardiovascular system

Antihypertensives

Other antihypertensives

Other antihypertensives

AMBRISENTAN

Caution

Ambrisentan is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of treatment with this drug.

Note

Any queries concerning the arrangements to prescribe ambrisentan 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

(a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND

(b) iloprost trometamol, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

— drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND

(c) epoprostenol sodium, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND

(e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND

(f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for		Brand Name and Manufacturer
					Max. Qty	\$	

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

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					\$	

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with ambrisentan of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

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Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with ambrisentan of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (c) WHO Functional Class IV primary pulmonary hypertension; OR
- (d) WHO Functional Class IV pulmonary arterial hypertension secondary to connective tissue disease.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial treatment with ambrisentan of patients with one of the following:

- (a) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised ambrisentan after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with ambrisentan; OR
- (b) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and whose most recent course of PBS-subsidised treatment was with an alternate PAH agent other than ambrisentan.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the

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particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with ambrisentan of patients who have received approval for initial PBS-subsidised treatment with ambrisentan and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of ambrisentan treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats will be authorised. Where fewer than 5 repeats are initially requested under this criterion, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

Special Pricing Arrangements apply.

5607D	Tablet 5 mg	30	..	..	4035.00	Volibris	GK
5608E	Tablet 10 mg	30	..	..	4035.00	Volibris	GK

BOSENTAN MONOHYDRATE

Caution

Bosentan monohydrate is a category X drug and must not be given to pregnant women. Pregnancy must be avoided during treatment and for at least 3 months following cessation of treatment with this drug.

Note

Any queries concerning the arrangements to prescribe bosentan monohydrate 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

- (a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND

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(b) iloprost trometamol, of:

- primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
- primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
- drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND

(c) epoprostenol sodium, of:

- primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
- primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND

(e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND

(f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

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(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved

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authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with bosentan monohydrate of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) two completed authority prescription forms [see Note for authority approval requirements]; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with bosentan monohydrate of adult patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (c) WHO Functional Class IV primary pulmonary hypertension; OR
- (d) WHO Functional Class IV pulmonary arterial hypertension secondary to connective tissue disease; OR

(e) WHO Functional Class III or IV pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Applications for authorisation must be in writing and must include:

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- (1) two completed authority prescription forms [see Note for authority approval requirements]; and
 (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 (i) RHC composite assessment; and
 (ii) ECHO composite assessment; and
 (iii) 6MWT; and
 (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial treatment with bosentan monohydrate of patients with one of the following:

- (a) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), who wish to re-commence PBS-subsidised bosentan monohydrate after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with bosentan monohydrate; OR
 (b) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and whose most recent course of PBS-subsidised treatment was with an alternate PAH agent other than bosentan monohydrate.

Applications for authorisation must be in writing and must include:

- (1) two completed authority prescription forms [see Note for authority approval requirements]; and
 (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
 (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
 (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. No repeats will be authorised for the first authority prescription issued under this criterion [see Note for full details of authority approval requirements]. A maximum of 4 repeats will be authorised for the second authority prescription issued under this criterion. Where fewer than 4 repeats are initially requested with the second authority prescription, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with bosentan monohydrate of patients who have received approval for initial PBS-subsidised treatment with bosentan monohydrate and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of bosentan monohydrate treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
 (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 (i) RHC composite assessment; and
 (ii) ECHO composite assessment; and
 (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are initially requested under this criterion, authority approvals for sufficient repeats to complete a maximum of 6

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months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Cessation of treatment (all patients)

Final PBS-subsidised supply for patients with WHO Functional Class III or IV primary pulmonary hypertension or WHO Functional Class III or IV pulmonary arterial hypertension secondary to connective tissue disease or WHO Functional Class III or IV pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), who have not responded to bosentan monohydrate therapy [see Note for definition of response], to allow for gradual cessation of treatment.

Applications for authorisation under this criterion should be made on the telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) [see Note on authority approval requirements].

Approval will only be granted for the 62.5 mg tablet strength. The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment.

Under no circumstances will telephone approvals be granted for treatment that would extend the final treatment period beyond 1 month.

Note

Special Pricing Arrangements apply.

5618Q	Tablet 62.5 mg (base)	60	..	..	4035.00	Tracleer	AT
5619R	Tablet 125 mg (base)	60	..	..	4035.00	Tracleer	AT

EPOPROSTENOL SODIUM

Note

Any queries concerning the arrangements to prescribe epoprostenol sodium 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

(a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND

(b) iloprost trometamol, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

— drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND

(c) epoprostenol sodium, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND

(e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND

(f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

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					Max. Qty \$	

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

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					\$	

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

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					Max. Qty \$	

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with epoprostenol sodium of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class IV primary pulmonary hypertension; OR
- (b) WHO Functional Class IV pulmonary arterial hypertension secondary to connective tissue disease.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial PBS-subsidised treatment with epoprostenol sodium of patients with one of the following:

- (a) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised epoprostenol sodium after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with epoprostenol sodium; OR
- (b) WHO Functional Class IV primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and who have received prior treatment with a PBS-subsidised PAH agent other than epoprostenol sodium; OR
- (c) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and who have failed to respond to a prior PBS-subsidised PAH agent.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent; and
- (5) for WHO Functional Class III patients, where this is the first application for epoprostenol sodium, assessment details of the PBS-subsidised PAH agent they have failed to respond to.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with epoprostenol sodium of patients who have received approval for initial PBS-subsidised treatment with epoprostenol sodium, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of epoprostenol sodium treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

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<p>The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.</p> <p>The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p>							
5030R	Powder for I.V. infusion 500 micrograms (base) infusion administration set	1	..	..	41.69	Flolan Kit	GK
5035B	Powder for I.V. infusion 1.5 mg (base) infusion administration set	1	..	..	83.37	Flolan Kit	GK

ILOPROST TROMETAMOL

Note

Any queries concerning the arrangements to prescribe iloprost trometamol 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

- (a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND
- (b) iloprost trometamol, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
 - drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND
- (c) epoprostenol sodium, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
- (d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND
- (e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND
- (f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt

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					Max. Qty \$	

(including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability

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					Max. Qty \$	

or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with iloprost trometamol of patients who have not received prior PBS-subsidised treatment with iloprost and who have been assessed by a physician from a designated hospital to have:

WHO Functional Class III drug-induced pulmonary arterial hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with iloprost trometamol of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III drug-induced pulmonary arterial hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class IV primary pulmonary hypertension; OR
- (c) WHO Functional Class IV pulmonary arterial hypertension secondary to connective tissue disease; OR
- (d) WHO Functional Class IV drug-induced pulmonary arterial hypertension.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial PBS-subsidised treatment with iloprost trometamol of patients with one of the following:

- (a) primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised iloprost trometamol after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with iloprost trometamol; OR
- (b) WHO Functional Class IV primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and who have received prior treatment with a PBS-subsidised PAH agent other than iloprost trometamol; OR
- (c) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and who have failed to respond to a prior PBS-subsidised PAH agent.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent; and
- (5) for WHO Functional Class III patients, where this is the first application for iloprost trometamol, assessment details of the PBS-subsidised PAH

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					Max. Qty \$	

agent they have failed to respond to.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with iloprost trometamol of patients who have received approval for initial PBS-subsidised treatment with iloprost trometamol, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of iloprost trometamol treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

Special Pricing Arrangements apply.

5751Q	Solution for inhalation 20 micrograms (base) in 2 mL	30	1076.00	Ventavis	BN
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SILDENAFIL CITRATE

Note

Any queries concerning the arrangements to prescribe sildenafil citrate 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 PAH agents should be forwarded to:

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

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

- (a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND
- (b) iloprost trometamol, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO

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					\$	

Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 — primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
 — drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND
 (c) epoprostenol sodium, of:
 — primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 — primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
 (d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND
 (e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND
 (f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

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					Max. Qty \$	

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

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					Max. Qty \$	

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with sildenafil citrate of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR

(b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with sildenafil citrate of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

(a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR

(b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the

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					\$	

particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial PBS-subsidised treatment with sildenafil citrate of patients with one of the following:

- (a) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised sildenafil citrate after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with sildenafil citrate; OR
- (b) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and whose most recent course of PBS-subsidised treatment was with a PAH agent other than sildenafil citrate.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with sildenafil citrate of patients who have received approval for initial PBS-subsidised treatment with sildenafil citrate, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of sildenafil citrate treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

9547L	Tablet 20 mg (base)	90	898.43	Revatio	PF
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TADALAFIL

Note

Any queries concerning the arrangements to prescribe tadalafil 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 PAH agents should be forwarded to:

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

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

(a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND

(b) iloprost trometamol, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

— drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND

(c) epoprostenol sodium, of:

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND

— primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND

(d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND

(e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND

(f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

(i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or

(ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or

(iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

(a) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter

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					\$	

(RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent. All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6 months of treatment, based on the dosage recommendations in the TGA-approved Product Information.

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					Max. Qty \$	

The assessment of the patient's response to the first and subsequent 6 month courses of treatment should be made following the preceding 5 months of treatment, in order to allow sufficient time for a response to be demonstrated. Applications for continuing treatment with a PAH agent should be made prior to the completion of the 6 month treatment course to ensure continuity for those patients who respond to treatment, as assessed by the treating physician.

(c) Swapping between PAH agents.

For eligible patients, applications to swap between these 6 drugs must be made under the relevant initial treatment restriction. Patients should be assessed for response to the treatment they are ceasing at the time the application to swap therapy is being made. Patients who fail to demonstrate a response or for whom no assessment results are submitted with the application to swap therapy may not re-commence PBS-subsidised treatment with the drug they are ceasing.

It is important that patients are assessed for response to every course of treatment approved within the timeframes specified in the relevant restriction, in order to maximise the choice of treatment.

To avoid confusion, applications for patients who wish to swap to an alternate treatment should be accompanied by the previously approved authority prescription, or remaining repeats, for the treatment the patient is ceasing.

(d) Cessation of treatment — bosentan patients only.

Patients who fail to demonstrate a response to PBS-subsidised bosentan monohydrate treatment at the time where an assessment is required must cease PBS-subsidised bosentan monohydrate therapy.

For patients ceasing treatment, approval will only be granted to provide sufficient supply of the 62.5 mg tablet strength to allow gradual dose reduction over a period of no more than 1 month duration. Prescribers should telephone Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) to receive authorisation for this final supply and to ensure no unintended break in treatment occurs.

7. Re-treatment with a PAH agent.

Patients who do not respond to treatment are not eligible to receive further PBS-subsidised treatment with that agent under any circumstances.

8. Further information.

A tabulated representation of the above information and the restriction can be obtained from the Medicare Australia website at www.medicareaustralia.gov.au.

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with tadalafil of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure of 8 mmHg or less, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO.

Patients must have failed to respond [see Note for definition of response] to 6 or more weeks of appropriate vasodilator treatment unless intolerance or a contraindication to such treatment exists.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Details of prior vasodilator treatment, including the dose and duration of treatment, must be provided at the time of application. Where the patient has an adverse event to a vasodilator or where vasodilator treatment is contraindicated, details on the nature of the adverse event or contraindication according to the TGA-approved Product Information must also be provided with the application.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Authority required

Initial (new patients)

Application for initial PBS-subsidised treatment with tadalafil of patients who have not received prior PBS-subsidised treatment with a PAH agent and who have been assessed by a physician from a designated hospital to have:

- (a) WHO Functional Class III primary pulmonary hypertension and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO; OR
- (b) WHO Functional Class III pulmonary arterial hypertension secondary to connective tissue disease and a mean right atrial pressure greater than 8 mmHg, as measured by RHC, or, where a RHC cannot be performed on clinical grounds, right ventricular function as assessed by ECHO;

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT; and
- (3) a signed patient acknowledgment form.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial (change or re-commencement for all patients)

Application for initial treatment with tadalafil of patients with one of the following:

- (a) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease who wish to re-commence PBS-subsidised tadalafil after a break in therapy and who have demonstrated a response to their most recent course of PBS-subsidised treatment with tadalafil; OR
- (b) WHO Functional Class III primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease and whose most recent course of PBS-subsidised treatment was with a PAH agent other than tadalafil.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes the results on which approval for the first application for PBS-subsidised PAH agent was granted; and
- (3) the date of the first application for PBS-subsidised treatment with a PAH agent; and
- (4) the results of the patient's response to treatment with their last course of PBS-subsidised PAH agent.

Where fewer than 3 tests (see requirement 2 above) are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application [see Note for test requirements].

The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats may be requested. Where fewer than 5 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Continuing treatment (all patients)

Continuing PBS-subsidised treatment with tadalafil of patients who have received approval for initial PBS-subsidised treatment with tadalafil, and who have been assessed by a physician from a designated hospital to have achieved a response to their most recent course of tadalafil treatment [see Note for definition of response].

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Pulmonary Arterial Hypertension PBS Authority Application - Supporting Information form [www.medicareaustralia.gov.au] which includes results from the 3 tests below, where available:
 - (i) RHC composite assessment; and
 - (ii) ECHO composite assessment; and
 - (iii) 6MWT.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application.

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					\$	
The maximum quantity authorised will be limited to provide sufficient supply for 1 month of treatment, based on the dosage recommendations in the TGA-approved Product Information. A maximum of 5 repeats will be authorised. Where fewer than 5 repeats are initially requested under this criterion, authority approvals for sufficient repeats to complete a maximum of 6 months of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).						
1308W	Tablet 20 mg	56	838.53	Adcirca LY

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					Price for Max. Qty \$	

Systemic hormonal preparations, excl. sex hormones and insulins

Pituitary and hypothalamic hormones and analogues

Hypothalamic hormones

Somatostatin and analogues

LANREOTIDE ACETATE

Authority required (STREAMLINED)

3387

Active acromegaly in a patient with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND

(a) after failure of other therapy including dopamine agonists; or

(b) as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or

(c) if the patient is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated.

In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (6 weeks after the last dose). Lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Treatment must cease if IGF1 is not lower after 3 months treatment.

5776B	Powder for suspension for injection 30 mg (base) with diluent ampoule	2	11	..	*1500.00	Somatuline LA	IS
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LANREOTIDE ACETATE

Authority required (STREAMLINED)

3388

Active acromegaly in a patient with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND

(a) after failure of other therapy including dopamine agonists; or

(b) as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or

(c) if the patient is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated.

In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after lanreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose). Lanreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Treatment must cease if IGF1 is not lower after 3 months treatment;

3389

Functional carcinoid tumour causing intractable symptoms. The patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, and surgery or antineoplastic therapy must have failed or be inappropriate.

Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 120 mg every 28 days. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

5777C	Injection 60 mg (base) in single dose pre-filled syringe	2	11	..	*2690.00	Somatuline Autogel	IS
5778D	Injection 90 mg (base) in single dose pre-filled syringe	2	11	..	*3580.00	Somatuline Autogel	IS
5779E	Injection 120 mg (base) in single dose pre-filled syringe	2	11	..	*4480.00	Somatuline Autogel	IS

OCTREOTIDE

Authority required (STREAMLINED)

3407

Active acromegaly in a patient with persistent elevation of mean growth hormone levels of greater than 2.5 micrograms per litre AND

(a) after failure of other therapy including dopamine agonists; or

(b) as interim treatment while awaiting the effects of radiotherapy and where treatment with dopamine agonists has failed; or

(c) if the patient is unfit for or unwilling to undergo surgery and where radiotherapy is contraindicated.

In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks. Octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Treatment must cease if IGF1 is not lower after 3 months treatment at a dose of 100 micrograms 3 times daily;

3408

Functional carcinoid tumour or vasoactive intestinal peptide secreting tumour (VIPoma) causing intractable symptoms. The patient must have experienced on average over 1 week, 3 or more episodes per day of diarrhoea and/or flushing, which persisted despite the use of anti-histamines, anti-serotonin agents and anti-diarrhoea agents, and surgery or antineoplastic therapy must have failed or be inappropriate.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 2 months' therapy. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.							
9508K	Injection 50 micrograms (as acetate) in 1 mL	90	11	..	*619.02	^a Hospira Pty Limited	HH
						^a Octreotide MaxRx	XF
						^a Sandostatin 0.05	NV
9509L	Injection 100 micrograms (as acetate) in 1 mL	90	11	..	*1236.42	^a Hospira Pty Limited	HH
						^a Octreotide MaxRx	XF
						^a Sandostatin 0.1	NV
9510M	Injection 500 micrograms (as acetate) in 1 mL	90	11	..	*6194.52	^a Hospira Pty Limited	HH
						^a Octreotide MaxRx	XF
						^a Sandostatin 0.5	NV

OCTREOTIDE

Authority required (STREAMLINED)

3409

Acromegaly in a patient controlled on Sandostatin subcutaneous injections.

In a patient treated with radiotherapy, treatment must cease if there is biochemical evidence of remission (normal IGF1) after octreotide has been withdrawn for at least 4 weeks (8 weeks after the last dose). Octreotide should be withdrawn every 2 years in the 10 years after radiotherapy for assessment of remission.

Treatment must cease if IGF1 is not lower after 3 months of treatment;

3410

Functional carcinoid tumour or vasoactive intestinal peptide secreting tumour (VIPoma) with symptom control on Sandostatin subcutaneous injections.

Treatment must cease if there is failure to produce a clinically significant reduction in the frequency and severity of symptoms after 3 months' therapy at a dose of 30 mg every 28 days and having allowed adequate rescue therapy with Sandostatin subcutaneous injections. Dosage and tolerance to the drug should be assessed regularly and the dosage should be titrated slowly downwards to determine the minimum effective dose.

9511N	Injection (modified release) 10 mg (as acetate), vial and diluent syringe	1	11	..	1306.86	Sandostatin LAR	NV
9512P	Injection (modified release) 20 mg (as acetate), vial and diluent syringe	1	11	..	1739.81	Sandostatin LAR	NV
9513Q	Injection (modified release) 30 mg (as acetate), vial and diluent syringe	1	11	..	2177.46	Sandostatin LAR	NV

Calcium homeostasis

Anti-parathyroid agents

Other anti-parathyroid agents

CINACALCET

Authority required (STREAMLINED)

3323

Management, including initiation and stabilisation, by a nephrologist, of a patient with chronic kidney disease on dialysis who has sustained secondary hyperparathyroidism with iPTH of at least 50 pmol per L, not responding to conventional therapy.

Note

During the titration phase, intact PTH should be monitored 4 weekly (measured at least 12 hours post dose) and dose titrated until an appropriate iPTH concentration is achieved. During the titration phase, approval will be limited to sufficient supply for 4 weeks treatment at a time, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

During the maintenance phase, approval will be limited to provide sufficient quantity for 4 weeks treatment up to a maximum of 6 months supply for doses between 30 and 180 mg per day according to the patient's response and tolerability. Intact PTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

"Sustained" means the abnormality was detected on at least 2 blood samples collected over a period of 2 to 4 months.

Authority required (STREAMLINED)

3324

Management, including initiation and stabilisation, by a nephrologist, of a patient with chronic kidney disease on dialysis who has sustained secondary hyperparathyroidism with iPTH of at least 15 pmol per L and less than 50 pmol per L AND an (adjusted) serum calcium concentration at least 2.6 mmol per L, not responding to conventional treatment.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Note

During the titration phase, intact PTH should be monitored 4 weekly (measured at least 12 hours post dose) and dose titrated until an appropriate iPTH concentration is achieved. During the titration phase, approval will be limited to sufficient supply for 4 weeks treatment at a time, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

During the maintenance phase, approval will be limited to provide sufficient quantity for 4 weeks treatment up to a maximum of 6 months supply for doses between 30 and 180 mg per day according to the patient's response and tolerability. Intact PTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

"Sustained" means the abnormality was detected on at least 2 blood samples collected over a period of 2 to 4 months.

Note

Special Pricing Arrangements apply.

5621W	Tablet 30 mg (as hydrochloride)	56	5	..	*593.72	Sensipar	AN
5622X	Tablet 60 mg (as hydrochloride)	56	5	..	*1187.44	Sensipar	AN
5623Y	Tablet 90 mg (as hydrochloride)	56	5	..	*1781.16	Sensipar	AN

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
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Antiinfectives for systemic use

Antibacterials for systemic use

Macrolides, lincosamides and streptogramins

Macrolides

AZITHROMYCIN

Authority required (STREAMLINED)

3317

Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.

5616N	Tablet 600 mg (as dihydrate)	16	5	..	*113.96	Zithromax	PF
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CLARITHROMYCIN

Authority required (STREAMLINED)

3325

Treatment of Mycobacterium avium complex infections.

5624B	Tablet 500 mg	100	2	..	55.32	Klacid	AB
5625C	Tablet 250 mg	100	2	..	27.71	Klacid	AB

Antimycobacterials

Drugs for treatment of tuberculosis

Antibiotics

RIFABUTIN

Authority required (STREAMLINED)

3415

Treatment of Mycobacterium avium complex infections in HIV-positive patients;

3317

Prophylaxis against Mycobacterium avium complex infections in HIV-positive patients with CD4 cell counts of less than 75 per cubic millimetre.

9541E	Capsule 150 mg	120	5	..	*588.00	Mycobutin	PF
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Antivirals for systemic use

Direct acting antivirals

Nucleosides and nucleotides excl. reverse transcriptase inhibitors

CIDOFOVIR

Authority required (STREAMLINED)

3322

Treatment of cytomegalovirus retinitis in patients with AIDS.

5620T	Solution for I.V. infusion 375 mg (anhydrous) in 5 mL single use vial	4	3	..	*3600.00	Vistide	GI
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GANCICLOVIR

Authority required (STREAMLINED)

3379

Cytomegalovirus retinitis in severely immunocompromised patients;

3380

Prophylaxis of cytomegalovirus disease in bone marrow transplant patients at risk of cytomegalovirus disease;

3381

Prophylaxis of cytomegalovirus disease in solid organ transplant patients at risk of cytomegalovirus disease.

5749N	Powder for I.V. infusion 500 mg (as sodium)	10	1	..	*560.00	Cymevene	RO
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HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
VALACICLOVIR						
<u>Authority required (STREAMLINED)</u>						
3419						
Prophylaxis of cytomegalovirus (CMV) infection and disease following renal transplantation in patients at risk of CMV disease.						
9568N	Tablet 500 mg (as hydrochloride)	500	2	..	*2115.90	^a APO-Valaciclovir TX ^a Valaciclovir RBX RA ^a Valtrex GK ^a Valvala NV ^a Zelitrex GM

VALGANCICLOVIR HYDROCHLORIDE

Authority required (STREAMLINED)

3420

Cytomegalovirus retinitis in patients with acquired immunodeficiency syndrome;

3421

Prophylaxis of cytomegalovirus infection and disease in solid organ transplant patients at risk of cytomegalovirus disease.

9569P	Tablet 450 mg (base)	120	5	..	*4491.60	Valcyte	RO
9655E	Powder for oral solution 50 mg (base) per mL, 100 mL	11	5	..	*4574.79	Valcyte	RO

Phosphonic acid derivatives

FOSCARNET SODIUM

Authority required (STREAMLINED)

3322

Treatment of cytomegalovirus retinitis in patients with AIDS;

3378

Treatment of aciclovir-resistant herpes simplex virus infection in immunocompromised patients with HIV infection.

5747L	I.V. infusion 24 mg per mL, 250 mL	6	1	..	1177.50	Foscavir	IX
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Protease inhibitors

ATAZANAVIR

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

5612J	Capsule 300 mg (as sulfate)	60	5	..	*1043.82	Reyataz	BQ
5613K	Capsule 150 mg (as sulfate)	120	5	..	*1043.82	Reyataz	BQ
5614L	Capsule 200 mg (as sulfate)	120	5	..	*1391.76	Reyataz	BQ
5615M	Capsule 100 mg (as sulfate)	120	5	..	*695.88	Reyataz	BQ

DARUNAVIR

Authority required (STREAMLINED)

3941

Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents, and co-administered with 100 mg ritonavir in an antiretroviral experienced patient who, after at least one antiretroviral regimen, has experienced virological failure or clinical failure or genotypic resistance, and who has not demonstrated darunavir resistance associated mutations detected on resistance testing.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

5821J	Tablet 400 mg (as ethanolate)	120	5	..	*1398.28	Prezista	JC
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HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
DARUNAVIR							
<u>Authority required (STREAMLINED)</u>							
3595							
Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents, and co-administered with 100 mg ritonavir twice daily in an antiretroviral experienced patient who, after at least one antiretroviral regimen, has experienced virological failure or clinical failure or genotypic resistance.							
Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.							
3392M	Tablet 600 mg (as ethanolate)	120	5	..	*2097.42	Prezista	JC
5652L	Tablet 300 mg (as ethanolate)	240	5	..	*2097.42	Prezista	JC
5653M	Tablet 150 mg (as ethanolate)	240	5	..	1048.71	Prezista	JC
FOSAMPRENAVIR							
<u>Authority required (STREAMLINED)</u>							
3588							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3589							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
5745J	Oral liquid 50 mg (as calcium) per mL, 225 mL	8	5	..	*812.48	Telzir	VI
5746K	Tablet 700 mg (as calcium)	120	5	..	*758.32	Telzir	VI
INDINAVIR							
<u>Authority required (STREAMLINED)</u>							
3588							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3589							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
5752R	Capsule 400 mg (as sulfate)	360	5	..	*910.00	Crixivan 400 mg	MK
RITONAVIR							
<u>Authority required (STREAMLINED)</u>							
3588							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3589							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
9542F	Oral solution 600 mg per 7.5 mL (80 mg per mL), 90 mL	10	5	..	*910.00	Norvir	AB
9660K	Tablet 100 mg	720	5	..	*982.80	Norvir	AB
SAQUINAVIR							
<u>Authority required (STREAMLINED)</u>							
3588							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3589							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
9545J	Tablet 500 mg (as mesylate)	240	5	..	*1011.12	Invirase	RO

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

TIPRANAVIR

Authority required (STREAMLINED)

3601

Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents, and co-administered with 200 mg ritonavir twice daily in an antiretroviral experienced patient who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

Note

Special Pricing Arrangements apply.

9567M	Capsule 250 mg	240	5	..	*2142.00	Aptivus	BY
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TIPRANAVIR

Authority required (STREAMLINED)

3603

Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents, and co-administered with ritonavir in an antiretroviral experienced patient who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

Note

Special Pricing Arrangements apply.

9656F	Oral liquid 100 mg per mL, 95 mL	7	5	..	*2374.05	Aptivus	BY
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Nucleoside and nucleotide reverse transcriptase inhibitors

ABACAVIR

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

5601T	Tablet 300 mg (as sulfate)	120	5	..	*564.00	Ziagen	VI
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5602W	Oral solution 20 mg (as sulfate) per mL, 240 mL	8	5	..	*657.12	Ziagen	VI
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ADEFOVIR DIPIVOXIL

Authority required (STREAMLINED)

3973

Chronic hepatitis B in a patient without cirrhosis who has failed antihepadnaviral therapy and who satisfies all of the following criteria:

(a) Repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration in conjunction with documented chronic hepatitis B infection; or

(b) Repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months, whilst on previous antihepadnaviral therapy except in patients with evidence of poor compliance;

3974

Chronic hepatitis B in a patient with cirrhosis who has failed antihepadnaviral therapy and who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

Note

Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

5606C	Tablet 10 mg	60	5	..	*1250.00	Hepsera	GI
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HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
DIDANOSINE							
<u>Authority required (STREAMLINED)</u>							
3588							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3589							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
5663C	Capsule 125 mg (containing enteric coated beadlets)	60	5	..	*280.86	Videx EC	BQ
5664D	Capsule 200 mg (containing enteric coated beadlets)	60	5	..	*326.80	Videx EC	BQ
5665E	Capsule 250 mg (containing enteric coated beadlets)	60	5	..	*408.48	Videx EC	BQ
5666F	Capsule 400 mg (containing enteric coated beadlets)	60	5	..	*653.58	Videx EC	BQ
EMTRICITABINE							
<u>Authority required (STREAMLINED)</u>							
3588							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3589							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
5709L	Capsule 200 mg	60	5	..	*564.00	Emtriva	GI
ENTECAVIR MONOHYDRATE							
<u>Authority required (STREAMLINED)</u>							
3961							
Chronic hepatitis B in a patient without cirrhosis who satisfies all of the following criteria:							
(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;							
(2) Evidence of chronic liver injury as determined by:							
(a) Confirmed elevated serum ALT; or							
(b) Liver biopsy;							
3962							
Chronic hepatitis B in a patient with cirrhosis who has detectable HBV DNA.							
Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.							
<u>Note</u>							
PBS-subsidised entecavir monohydrate must be used as monotherapy.							
5711N	Tablet 0.5 mg	60	5	..	*768.60	Baraclude	BQ
ENTECAVIR MONOHYDRATE							
<u>Authority required (STREAMLINED)</u>							
3964							
Chronic hepatitis B in a patient without cirrhosis who has failed lamivudine and who satisfies all of the following criteria:							
(a) Repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration in conjunction with documented chronic hepatitis B infection; or							
(b) Repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months, whilst on previous antihepadnaviral therapy except in patients with evidence of poor compliance;							
3966							
Chronic hepatitis B in a patient with cirrhosis who has failed lamivudine and who has detectable HBV DNA.							
Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.							
<u>Note</u>							
PBS-subsidised entecavir monohydrate must be used as monotherapy.							
5712P	Tablet 1 mg	60	5	..	*1250.00	Baraclude	BQ

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
LAMIVUDINE						
<u>Authority required (STREAMLINED)</u>						
3961						
Chronic hepatitis B in a patient without cirrhosis who satisfies all of the following criteria:						
(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;						
(2) Evidence of chronic liver injury as determined by:						
(a) Confirmed elevated serum ALT; or						
(b) Liver biopsy;						
3962						
Chronic hepatitis B in a patient with cirrhosis who has detectable HBV DNA.						
Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.						
5770Q	Tablet 100 mg	56	5	..	*298.72	Zeffix GK
5771R	Oral solution 5 mg per mL, 240 mL	5	5	..	*349.55	Zeffix GK

LAMIVUDINE

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

5772T	Tablet 150 mg	120	5	..	*564.00	3TC	VI
5773W	Oral solution 10 mg per mL, 240 mL	8	5	..	*691.84	3TC	VI
5774X	Tablet 300 mg	60	5	..	*564.00	3TC	VI

STAVUDINE

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

9553T	Capsule 20 mg	120	5	..	*560.00	Zerit	BQ
9554W	Capsule 30 mg	120	5	..	*667.36	Zerit	BQ
9556Y	Capsule 40 mg	120	5	..	*889.80	Zerit	BQ

TELBIVUDINE

Authority required (STREAMLINED)

3969

Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B without cirrhosis who is nucleoside analogue naive and satisfies all of the following criteria:

(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented hepatitis B infection;

(2) Evidence of chronic liver injury as determined by:

(a) Confirmed elevated serum ALT; or

(b) Liver biopsy;

3970

Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B with cirrhosis who is nucleoside analogue naive and who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
9562G	Tablet 600 mg	56	5	..	*501.76	Sebivo	NV

TENOFOVIR

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

Authority required (STREAMLINED)

3969

Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B without cirrhosis who is nucleoside analogue naive and satisfies all of the following criteria:

(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented hepatitis B infection;

(2) Evidence of chronic liver injury as determined by:

- (a) Confirmed elevated serum ALT; or
- (b) Liver biopsy;

3970

Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B with cirrhosis who is nucleoside analogue naive and who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

Note

Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

Authority required (STREAMLINED)

3973

Chronic hepatitis B in a patient without cirrhosis who has failed antihepadnaviral therapy and who satisfies all of the following criteria:

(a) Repeatedly elevated serum ALT levels while on concurrent antihepadnaviral therapy of greater than or equal to 6 months duration in conjunction with documented chronic hepatitis B infection; or

(b) Repeatedly elevated HBV DNA levels one log greater than the nadir value or failure to achieve a 1 log reduction in HBV DNA within 3 months, whilst on previous antihepadnaviral therapy except in patients with evidence of poor compliance;

3974

Chronic hepatitis B in a patient with cirrhosis who has failed antihepadnaviral therapy and who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

Note

Patients may receive treatment in combination with lamivudine but not with other PBS-subsidised antihepadnaviral therapy.

9563H	Tablet containing tenofovir disoproxil fumarate 300 mg	60	5	..	*966.20	Viread	GI
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ZIDOVUDINE

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

9570Q	Syrup 10 mg per mL, 200 mL	15	5	..	*673.20	Retrovir	GK
9651Y	Capsule 100 mg	400	5	..	*821.84	Retrovir	GK
9652B	Capsule 250 mg	240	5	..	*1232.76	Retrovir	GK

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Non-nucleoside reverse transcriptase inhibitors

EFAVIRENZ

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

5706H	Tablet 600 mg	60	5	..	*543.16	Stocrin	MK
5707J	Oral solution 30 mg per mL, 180 mL	7	5	..	*570.29	Stocrin	MK
5708K	Tablet 200 mg	180	5	..	*543.16	Stocrin	MK

ETRAVIRINE

Authority required (STREAMLINED)

3597

Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents in an antiretroviral experienced patient who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

5084N	Tablet 200 mg	120	5	..	*1233.00	Intelence	JC
5736X	Tablet 100 mg	240	5	..	*1233.00	Intelence	JC

NEVIRAPINE

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

9506H	Tablet 200 mg	120	5	..	*543.16	Viramune	BY
9507J	Oral suspension 50 mg (as hemihydrate) per 5 mL, 240 mL	10	5	..	*1350.00	Viramune	BY

NEVIRAPINE

Authority required (STREAMLINED)

3995

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient who has been stabilised on nevirapine immediate release with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

1132N	Tablet 400 mg (extended release)	60	5	..	*543.16	Viramune XR	BY
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RILPIVIRINE

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

1173R	Tablet 25 mg (as hydrochloride)	60	5	..	*543.16	Edurant	JC
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HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
<i>Antivirals for treatment of HIV infections, combinations</i>							
ABACAVIR with LAMIVUDINE							
<u>Authority required (STREAMLINED)</u>							
3592							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient over 12 years of age, weighing 40 kg or more, with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3593							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient over 12 years of age, weighing 40 kg or more, has previously received PBS-subsidised therapy for HIV infection.							
5603X	Tablet containing abacavir 600 mg (as sulfate) with lamivudine 300 mg	60	5	..	*1128.00	Kivexa	VI
ABACAVIR with LAMIVUDINE and ZIDOVUDINE							
<u>Authority required (STREAMLINED)</u>							
3981							
Initial treatment of HIV infection in a patient over 12 years of age, weighing 40 kg or more, with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3982							
Continuing treatment of HIV infection where the patient over 12 years of age, weighing 40 kg or more, has previously received PBS-subsidised therapy for HIV infection.							
5604Y	Tablet containing abacavir 300 mg (as sulfate) with lamivudine 150 mg and zidovudine 300 mg	120	5	..	*1704.00	Trizivir	VI
LAMIVUDINE with ZIDOVUDINE							
<u>Authority required (STREAMLINED)</u>							
3588							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3589							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
5775Y	Tablet 150 mg-300 mg	120	5	..	*1157.20	Combivir	VI
LOPINAVIR with RITONAVIR							
<u>Authority required (STREAMLINED)</u>							
3588							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3589							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
5789Q	Oral liquid 400 mg-100 mg per 5 mL, 60 mL	10	5	..	*1290.00	Kaletra	AB
5790R	Tablet 100 mg-25 mg	120	5	..	*342.50	Kaletra	AB
5791T	Tablet 200 mg-50 mg	240	5	..	*1370.00	Kaletra	AB
TENOFOVIR with EMTRICITABINE							
<u>Authority required (STREAMLINED)</u>							
3588							
Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;							
3589							
Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.							
9564J	Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg	60	5	..	*1530.20	Truvada	GI

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

TENOFOVIR with EMTRICITABINE and EFAVIRENZ

Authority required (STREAMLINED)

3985

Initial treatment of HIV infection in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3986

Continuing treatment of HIV infection where the patient has previously received PBS-subsidised therapy for HIV infection.

9565K	Tablet containing tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg and efavirenz 600 mg	60	5	..	*2073.36	Atripla	GI
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Other antirvirals

ENFUVIRTIDE

Authority required (STREAMLINED)

3597

Treatment of HIV infection, in addition to optimised background therapy in combination with other antiretroviral agents in an antiretroviral experienced patient who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

5710M	Pack containing 60 vials powder for injection 90 mg with 60 vials water for injections 1.1 mL (with syringes and swabs)	2	5	..	*4426.00	Fuzeon	RO
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MARAVIROC

Authority required (STREAMLINED)

3599

Treatment, in addition to optimised background therapy in combination with other antiretroviral agents, of an antiretroviral experienced patient infected with only CCR5-tropic HIV-1, who, after each of at least three different antiretroviral regimens that have included one drug from at least 3 different antiretroviral classes, has experienced virological failure or clinical failure or genotypic resistance. A tropism assay to determine CCR5 only strain status is required prior to initiation. Individuals with CXCR4 tropism demonstrated at any time point are not eligible.

Virological failure is defined as a viral load greater than 400 copies per mL on two consecutive occasions, while clinical failure is linked to emerging signs and symptoms of progressing HIV infection or treatment-limiting toxicity.

5792W	Tablet 150 mg	120	5	..	*1835.40	Celsentri	VI
5793X	Tablet 300 mg	120	5	..	*1835.40	Celsentri	VI

RALTEGRAVIR

Authority required (STREAMLINED)

3588

Initial treatment of HIV infection in combination with other antiretroviral agents in a patient with a CD4 count of less than 500 per cubic millimetre or symptomatic HIV disease;

3589

Continuing treatment of HIV infection in combination with other antiretroviral agents where the patient has previously received PBS-subsidised therapy for HIV infection.

9523F	Tablet 400 mg (as potassium)	120	5	..	*1331.10	Isentress	MK
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HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed		Brand Name and Manufacturer
					Price for Max. Qty	\$	

Antineoplastic and immunomodulating agents

Antineoplastic agents

Antimetabolites

Pyrimidine analogues

AZACITIDINE

Note

Any queries concerning the arrangements to prescribe azacitidine 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.

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

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

Authority required

Initial PBS-subsidised treatment of a patient with:

- (1) Myelodysplastic syndrome classified as Intermediate-2 or high risk according to the International Prognostic Scoring System (IPSS); OR
- (2) Chronic Myelomonocytic Leukaemia (10% to 29% marrow blasts without Myeloproliferative Disorder); OR
- (3) Acute Myeloid Leukaemia with 20 to 30% marrow blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification.

Classification of a patient as Intermediate-2 requires a score of 1.5 to 2.0 on the IPSS, achieved with the possible combinations:

1. 11% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 0 to 1 cytopenias; OR
2. 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 0 to 1 cytopenias; OR
3. 11% to 20% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
4. 5% to 10% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
5. 5% to 10% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias; OR
6. less than 5% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), and 2 to 3 cytopenias.

Classification of a patient as high risk requires a score of 2.5 or more on the IPSS, achieved with the possible combinations:

1. 21% to 30% marrow blasts with good karyotypic status (normal, -Y alone, del(5q) alone, del(20q) alone), and 2 to 3 cytopenias; OR
2. 21% to 30% marrow blasts with intermediate (other abnormalities) or poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
3. 11% to 20% marrow blasts with poor karyotypic status (3 or more abnormalities or chromosome 7 anomalies), regardless of cytopenias; OR
4. 11% to 20% marrow blasts with intermediate karyotypic status (other abnormalities), and 2 to 3 cytopenias.

The first authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Azacitidine PBS Authority Application - Supporting Information Form; and
- (c) a copy of the bone marrow biopsy report demonstrating that the patient has myelodysplastic syndrome, chronic myelomonocytic leukaemia or acute myeloid leukaemia; and
- (d) a copy of the full blood examination report; and
- (e) for myelodysplastic syndrome, a copy of the pathology report detailing the cytogenetics demonstrating intermediate-2 or high risk disease according to the International Prognostic Scoring System (IPSS); and
- (f) a signed patient acknowledgment form.

No more than three cycles will be authorised.

Note

Special Pricing Arrangements apply.

9597D	Powder for injection 100 mg	14	2	..	*7700.00	Vidaza	CJ
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AZACITIDINE

Note

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

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

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

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

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

Authority required

Continuing treatment of a patient with:

- (1) Myelodysplastic syndrome classified as Intermediate-2 or high risk according to the International Prognostic Scoring System (IPSS); OR
- (2) Chronic Myelomonocytic Leukaemia (10% to 29% marrow blasts without Myeloproliferative Disorder); OR
- (3) Acute Myeloid Leukaemia with 20 to 30% blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) Classification; who has previously been issued with an authority prescription for azacitidine and does not have progressive disease.

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).

Up to six cycles will be authorised.

Note

Special Pricing Arrangements apply.

9598E	Powder for injection 100 mg	14	5	..	*7700.00	Vidaza	CJ
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Cytotoxic antibiotics and related substances

Anthracyclines and related substances

DOXORUBICIN HYDROCHLORIDE, PEGYLATED LIPOSOMAL

Authority required (STREAMLINED)

3348

Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and extensive mucocutaneous involvement;

3349

Treatment of AIDS-related Kaposi's sarcoma in patients with CD4 cell counts of less than 200 per cubic millimetre and extensive visceral involvement.

5705G	Suspension for I.V. infusion 20 mg in 10 mL	4	5	..	*2491.96	Caelyx	JC
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Immunostimulants

Immunostimulants

Colony stimulating factors

FILGRASTIM

Authority required (STREAMLINED)

3357

For use in a patient undergoing induction and consolidation therapy for acute myeloid leukaemia;

3358

Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for autologous transplantation into a patient with a non-myeloid malignancy who has had myeloablative or myelosuppressive therapy;

3359

Mobilisation of peripheral blood progenitor cells, in a normal volunteer, for use in allogeneic transplantation;

3360

A patient receiving marrow-ablative chemotherapy and subsequent bone marrow transplantation;

3361

A patient with a non-myeloid malignancy receiving marrow-ablative chemotherapy and subsequent autologous peripheral blood progenitor cell transplantation;

3362

A patient with breast cancer receiving standard dose adjuvant chemotherapy who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
3363 A patient receiving chemotherapy for B-cell chronic lymphocytic leukaemia with fludarabine and cyclophosphamide who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;							
3364 A patient receiving first-line chemotherapy for Hodgkin disease who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;							
3365 A patient receiving chemotherapy for myeloma who has had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;							
3366 A patient with severe congenital neutropenia (absolute neutrophil count of less than 100 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, and in whom a bone marrow examination has shown evidence of maturational arrest of the neutrophil lineage);							
3367 A patient with severe chronic neutropenia (absolute neutrophil count of less than 1,000 million cells per litre measured on 3 occasions, with readings at least 2 weeks apart, or evidence of neutrophil dysfunction, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics in the previous 12 months, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));							
3368 A patient with chronic cyclic neutropenia (absolute neutrophil count of less than 500 million cells per litre lasting for 3 days per cycle, measured over 3 separate cycles, and, either having experienced a life-threatening infectious episode requiring hospitalisation and treatment with intravenous antibiotics, or having recurrent clinically significant infections (a minimum of 3 in the previous 12 months));							
3369 A patient with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx receiving neoadjuvant treatment with docetaxel in combination with cisplatin and fluorouracil who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.							
<u>Authority required (STREAMLINED)</u>							
3370 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia;							
3371 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in breast cancer (adjuvant chemotherapy with docetaxel in combination with an anthracycline and cyclophosphamide);							
3372 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours;							
3373 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours;							
3374 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma;							
3375 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin lymphoma (aggressive grades; or low grade receiving an anthracycline-containing regimen);							
3376 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin disease;							
3377 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in sarcoma;							
3834 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Hodgkin disease (first-line chemotherapy with escalated BEACOPP).							
1123D	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2515.54	TevaGrastim	AS
1126G	Injection 480 micrograms in 0.8 mL single use pre-filled syringe	20	11	..	*4032.58	TevaGrastim	AS
5741E	Injection 300 micrograms in 1 mL	20	11	..	*2515.54	Neupogen	AN
5742F	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2515.54	Neupogen	AN

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
5743G	Injection 480 micrograms in 1.6 mL	20	11	..	*4032.58	Neupogen	AN
5744H	Injection 480 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*4032.58	Neupogen	AN
5829T	Injection 120 micrograms in 0.2 mL single use pre-filled syringe	20	11	..	*1006.22	Nivestim	HH
9692D	Injection 300 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*2515.54	Nivestim	HH
9694F	Injection 480 micrograms in 0.5 mL single use pre-filled syringe	20	11	..	*4032.58	Nivestim	HH

LENOGRASTIM

Authority required (STREAMLINED)

3392

Mobilisation of peripheral blood progenitor cells to facilitate harvest of such cells for reinfusion into patients with non-myeloid malignancies who have had myeloablative or myelosuppressive therapy;

3393

Mobilisation of peripheral blood progenitor cells, in normal volunteers, for use in allogeneic transplantation to facilitate harvest of such cells in healthy donors;

3394

Patients with non-myeloid malignancies receiving marrow-ablative chemotherapy and subsequent peripheral blood progenitor cell or bone marrow transplantation;

3395

Patients with breast cancer receiving standard dose adjuvant chemotherapy who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;

3396

Patients receiving first-line chemotherapy for Hodgkin's disease who have had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.

Authority required (STREAMLINED)

3397

Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia;

3398

Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Ewing's sarcoma;

3399

Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours;

3400

Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours;

3401

Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma;

3402

Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin's lymphoma (intermediate or high grade);

3403

Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in osteosarcoma;

3404

Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin's disease;

3405

Patients being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in rhabdomyosarcoma.

5787N	Powder for injection 13,400,000 i.u. (105 micrograms)	20	11	..	*1025.00	Granocyte 13	HH
5788P	Powder for injection 33,600,000 i.u. (263 micrograms)	20	11	..	*2567.20	Granocyte 34	HH

PEGFILGRASTIM

Authority required (STREAMLINED)

3357

For use in a patient undergoing induction and consolidation therapy for acute myeloid leukaemia;

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
3362 A patient with breast cancer receiving standard dose adjuvant chemotherapy who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
3363 A patient receiving chemotherapy for B-cell chronic lymphocytic leukaemia with fludarabine and cyclophosphamide who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
3364 A patient receiving first-line chemotherapy for Hodgkin disease who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
3365 A patient receiving chemotherapy for myeloma who has had a prior episode of febrile neutropenia, and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned;						
3369 A patient with inoperable Stage III, IVa or IVb squamous cell carcinoma of the oral cavity, larynx, oropharynx or hypopharynx receiving neoadjuvant treatment with docetaxel in combination with cisplatin and fluorouracil who has had a prior episode of febrile neutropenia or prolonged severe neutropenia (neutrophil count of less than 1,000 million cells per litre), and for whom there is clinical justification for wishing to continue therapy with the same drug combination, dosage and treatment schedule, and for whom a good response to treatment is anticipated providing chemotherapy can be delivered as planned.						
<u>Authority required (STREAMLINED)</u>						
3370 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in acute lymphoblastic leukaemia;						
3371 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in breast cancer (adjuvant chemotherapy with docetaxel in combination with an anthracycline and cyclophosphamide);						
3372 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in germ cell tumours;						
3373 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in infants and children with CNS tumours;						
3374 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in neuroblastoma;						
3375 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in non-Hodgkin lymphoma (aggressive grades; or low grade receiving an anthracycline-containing regimen);						
3376 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in relapsed Hodgkin disease;						
3377 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in sarcoma;						
3834 A patient being treated with aggressive chemotherapy with the intention of achieving a cure or substantial remission in Hodgkin disease (first-line chemotherapy with escalated BEACOPP).						
9514R	Injection 6 mg in 0.6 mL single use pre-filled syringe	1	11	..	1925.00	Neulasta AN

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)

3382

Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase;

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
3961							
Chronic hepatitis B in a patient without cirrhosis who satisfies all of the following criteria:							
(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;							
(2) Evidence of chronic liver injury as determined by:							
(a) Confirmed elevated serum ALT; or							
(b) Liver biopsy;							
3962							
Chronic hepatitis B in a patient with cirrhosis who has detectable HBV DNA.							
Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.							
5759D	Injection 3,000,000 i.u. in 0.5 mL single dose pre-filled syringe	30	5	..	*894.00	Roferon-A	RO
5760E	Injection 4,500,000 i.u. in 0.5 mL single dose pre-filled syringe	30	5	..	*1341.00	Roferon-A	RO
5761F	Injection 6,000,000 i.u. in 0.5 mL single dose pre-filled syringe	30	5	..	*1787.40	Roferon-A	RO
5762G	Injection 9,000,000 i.u. in 0.5 mL single dose pre-filled syringe	30	5	..	*2681.40	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)

3384

Adjunctive therapy of malignant melanoma following surgery in patients with nodal involvement;

3382

Use in the treatment of Philadelphia chromosome positive myelogenous leukaemia in the chronic phase;

3961

Chronic hepatitis B in a patient without cirrhosis who satisfies all of the following criteria:

(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;

(2) Evidence of chronic liver injury as determined by:

(a) Confirmed elevated serum ALT; or

(b) Liver biopsy;

3962

Chronic hepatitis B in a patient with cirrhosis who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

5763H	Solution for injection 18,000,000 i.u. in 1.2 mL multi-dose injection pen	2	5	..	*357.48	Intron A Redipen	MK
5764J	Solution for injection 30,000,000 i.u. in 1.2 mL multi-dose injection pen	2	5	..	*595.80	Intron A Redipen	MK
5765K	Solution for injection 60,000,000 i.u. in 1.2 mL multi-dose injection pen	2	5	..	*1191.60	Intron A Redipen	MK
5766L	Solution for injection 18,000,000 i.u. in 3 mL single dose vial	15	5	..	*2681.10	Intron A	MK
5767M	Solution for injection 25,000,000 i.u. in 2.5 mL single dose vial	15	5	..	*3723.75	Intron A	MK
5768N	Solution for injection 10,000,000 i.u. in 1 mL single dose vial	15	5	..	*1489.50	Intron A	MK

INTERFERON GAMMA-1b

Authority required (STREAMLINED)

3385

Treatment of chronic granulomatous disease in patients with frequent and severe infections despite adequate prophylaxis with antimicrobial agents.

5769P	Injection 2,000,000 i.u. in 0.5 mL	12	11	..	*2721.80	Imukin	BY
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PEGINTERFERON ALFA-2a

Caution

Treatment with peginterferon 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.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

Authority required (STREAMLINED)

3977

Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B without cirrhosis who satisfies all of the following criteria:

(1) Elevated HBV DNA levels - greater than 20,000 IU/mL (100,000 copies/mL) if HBeAg positive, or greater than 2,000 IU/mL (10,000 copies/mL) if HBeAg negative - in conjunction with documented chronic hepatitis B infection;

(2) Evidence of chronic liver injury as determined by:

(a) Confirmed elevated serum ALT; or

(b) Liver biopsy;

(3) Has received no prior peginterferon alfa therapy for the treatment of hepatitis B;

3978

Treatment, as sole PBS-subsidised therapy, in a patient with chronic hepatitis B with cirrhosis who has detectable HBV DNA.

Persons with Child's class B or C cirrhosis (ascites, variceal bleeding, encephalopathy, albumin less than 30 g per L, bilirubin greater than 30 micromoles per L) should have their treatment discussed with a transplant unit prior to initiating therapy.

Treatment is limited to 1 course of treatment for a duration of up to 48 weeks;

3412

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and have a contraindication to ribavirin, who satisfy all of the following criteria:

(1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);

(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.

The treatment course is limited to up to 48 weeks.

Patients may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop.

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

(a) a nurse educator/counsellor for patients; and

(b) 24 hour access by patients to medical advice; and

(c) an established liver clinic; and

(d) facilities for safe liver biopsy.

9515T	Injection 135 micrograms in 0.5 mL single use pre-filled syringe	8	5	..	*2331.80	Pegasys	RO
9516W	Injection 180 micrograms in 0.5 mL single use pre-filled syringe	8	5	..	*2700.46	Pegasys	RO

RIBAVIRIN and PEGINTERFERON ALFA-2a

Caution

Treatment with peginterferon 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.

Caution

Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

Authority required (STREAMLINED)

3413

Patients naive to interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and who satisfy all of the following criteria:

(1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);

(2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.

Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).

Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24 hour access by patients to medical advice; and
- (c) an established liver clinic; and
- (d) facilities for safe liver biopsy.

Authority required (STREAMLINED)

3414

Patients who have failed one prior attempt at interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no more than one prior treatment with interferon alfa or peginterferon alfa for hepatitis C and who satisfy all of the following criteria:

- (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);
- (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

The treatment course is limited to 48 weeks. Patients may only continue treatment after the first 12 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 12.

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24 hour access by patients to medical advice; and
- (c) an established liver clinic; and
- (d) facilities for safe liver biopsy.

9524G	Pack containing 168 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 135 micrograms	2	5	..	*3072.84	Pegasys RBV	RO
9525H	Pack containing 112 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms	2	5	..	*3085.28	Pegasys RBV	RO
9526J	Pack containing 140 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms	2	5	..	*3245.82	Pegasys RBV	RO
9527K	Pack containing 168 tablets ribavirin 200 mg and 4 pre-filled syringes peginterferon alfa-2a injection 180 micrograms	2	5	..	*3406.36	Pegasys RBV	RO

RIBAVIRIN and PEGINTERFERON ALFA-2b

Caution

Treatment with peginterferon 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.

Caution

Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

Authority required (STREAMLINED)

3949

Patients naive to interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients weighing at least 27 kg who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and who satisfy all of the following criteria:

- (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);
- (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.

Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).

Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24 hour access by patients to medical advice; and
- (c) an established liver clinic; and
- (d) facilities for safe liver biopsy.

Authority required (STREAMLINED)

3414

Patients who have failed one prior attempt at interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no more than one prior treatment with interferon alfa or peginterferon alfa for hepatitis C and who satisfy all of the following criteria:

- (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);
- (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

The treatment course is limited to 48 weeks. Patients may only continue treatment after the first 12 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 12.

Note

Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:

- (a) a nurse educator/counsellor for patients; and
- (b) 24 hour access by patients to medical advice; and
- (c) an established liver clinic; and
- (d) facilities for safe liver biopsy.

9529M	Pack containing 112 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 50 micrograms with diluent	2	5	..	*2119.74	Pegatron	MK
9530N	Pack containing 84 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent	2	5	..	*2422.72	Pegatron	MK
9534T	Pack containing 112 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 100 micrograms with diluent	2	5	..	*3099.62	Pegatron	MK

RIBAVIRIN and PEGINTERFERON ALFA-2b

Caution

Treatment with peginterferon 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.

Caution

Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

Authority required (STREAMLINED)

3413

Patients naive to interferon based therapies (non-pegylated or pegylated)

Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no prior interferon alfa or peginterferon alfa treatment for hepatitis C and who satisfy all of the following criteria:

- (1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive);
- (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant.

For patients with genotype 2 or 3 hepatitis C without hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 24 weeks. For hepatitis C patients with genotype 1, 4, 5 or 6 and those genotype 2 or 3 patients with hepatic cirrhosis or bridging fibrosis, the treatment course is limited to 48 weeks.

Patients with genotype 1, 4, 5 or 6 who are eligible for 48 weeks of treatment may only continue treatment after the first 12 weeks if the result of an HCV RNA quantitative assay (performed at the same laboratory using the same test) shows that the plasma HCV RNA has become undetectable or the viral load has decreased by at least a 2 log drop. (An HCV RNA assay at week 12 is unnecessary for genotype 2 and 3 patients because of the high likelihood of early viral response by week 12).

Patients with genotype 1, 4, 5 or 6 who are viral positive at week 12 but have attained at least a 2 log drop in viral load may only continue treatment after the first 24 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. Similarly, genotype 2 or 3

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
<p>patients with hepatic cirrhosis or bridging fibrosis may only continue treatment after the first 24 weeks if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 24. An HCV RNA qualitative assay at week 24 is unnecessary for those patients with genotype 1, 4, 5 or 6 who became viral negative at week 12.</p> <p><u>Note</u> Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:</p> <p>(a) a nurse educator/counsellor for patients; and (b) 24 hour access by patients to medical advice; and (c) an established liver clinic; and (d) facilities for safe liver biopsy.</p> <p><u>Authority required (STREAMLINED)</u> 3414 Patients who have failed one prior attempt at interferon based therapies (non-pegylated or pegylated)</p> <p>Treatment, managed by an accredited treatment centre, of chronic hepatitis C in patients 18 years or older who have compensated liver disease and who have received no more than one prior treatment with interferon alfa or peginterferon alfa for hepatitis C and who satisfy all of the following criteria:</p> <p>(1) Documented chronic hepatitis C infection (repeatedly anti-HCV positive and HCV RNA positive); (2) Female patients of child-bearing age are not pregnant, not breast-feeding, and both patient and their partner are using effective forms of contraception (one for each partner). Male patients and their partners are using effective forms of contraception (one for each partner). Female partners of male patients are not pregnant. The treatment course is limited to 48 weeks. Patients may only continue treatment after the first 12 weeks of treatment if plasma HCV RNA is not detectable by an HCV RNA qualitative assay at week 12.</p> <p><u>Note</u> Treatment centres are required to have access to the following appropriate specialist facilities for the provision of clinical support services for hepatitis C:</p> <p>(a) a nurse educator/counsellor for patients; and (b) 24 hour access by patients to medical advice; and (c) an established liver clinic; and (d) facilities for safe liver biopsy.</p>							
9531P	Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 80 micrograms with diluent	2	5	..	*2707.66	Pegatron	MK
9536X	Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 120 micrograms with diluent	2	5	..	*3491.58	Pegatron	MK
9538B	Pack containing 140 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent	2	5	..	*4079.52	Pegatron	MK
9539C	Pack containing 168 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent	2	5	..	*4079.52	Pegatron	MK
9540D	Pack containing 196 capsules ribavirin 200 mg and 4 single use injection pens containing peginterferon alfa-2b powder for injection 150 micrograms with diluent	2	5	..	*4364.48	Pegatron	MK

Immunosuppressants

Immunosuppressants

Selective immunosuppressants

ABATACEPT

Note

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

Further prescribing information (including Authority Application Forms) is on the Medicare Australia website at www.medicareaustralia.gov.au.

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

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

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

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					\$	

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

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					\$	

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with abatacept, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

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					Max. Qty \$	

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion. Up to a maximum of 4 repeats may be authorised.

Where fewer than 4 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with abatacept.

Patients who fail to demonstrate a response to treatment with abatacept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with abatacept, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have a documented history of severe active rheumatoid arthritis; and
- (b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with abatacept and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised abatacept treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion. Up to a maximum of 4 repeats may be authorised.

Where fewer than 4 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised abatacept treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised abatacept treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

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					Max. Qty \$	

Patients who fail to demonstrate a response to treatment with abatacept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with abatacept, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with abatacept; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with abatacept.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion. Up to a maximum of 5 repeats may be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with abatacept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with abatacept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

Patients who fail to demonstrate a response to treatment with abatacept under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

Special Pricing Arrangements apply.

5605B	Powder for I.V. infusion 250 mg	1	504.43	Orencia	BQ
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EVEROLIMUS

Caution

Careful monitoring of patients is mandatory.

Authority required (STREAMLINED)

3355

Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required;

3356

Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of cardiac allograft rejection. Management includes initiation, stabilisation and review of therapy as required.

5737Y	Tablet 1 mg	240	5	..	*3844.80	Certican	NV
5738B	Tablet 0.25 mg	120	5	..	*480.60	Certican	NV
5739C	Tablet 0.5 mg	120	5	..	*961.20	Certican	NV
5740D	Tablet 0.75 mg	240	5	..	*2883.60	Certican	NV

MYCOPHENOLATE MOFETIL

Caution

Careful monitoring of patients is mandatory.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
<u>Authority required (STREAMLINED)</u>							
3355							
Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required;							
3356							
Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of cardiac allograft rejection. Management includes initiation, stabilisation and review of therapy as required.							
9500B	Powder for oral suspension 1 g per 5 mL, 165 mL	2	5	..	*489.02	CellCept	RO
9501C	Capsule 250 mg	600	5	..	*933.54	^a APO- Mycophenolate ^a CellCept ^a Imulate ^a Mycophenolate Sandoz	TX RO QA SZ
				..	*933.60	^a Ceptolate	AF
9502D	Tablet 500 mg	300	5	..	*933.54	^a APO- Mycophenolate ^a CellCept ^a Ceptolate ^a Imulate ^a Mycophenolate Sandoz	TX RO AF QA SZ

MYCOPHENOLATE SODIUM

Caution

Careful monitoring of patients is mandatory.

Authority required (STREAMLINED)

3355

Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.

9503E	Tablet (enteric coated) 180 mg (mycophenolic acid)	240	5	..	*373.44	Myfortic	NV
9504F	Tablet (enteric coated) 360 mg (mycophenolic acid)	240	5	..	*746.86	Myfortic	NV

NATALIZUMAB

Caution

Progressive multifocal leukoencephalopathy has been reported with this drug.

Note

Neurologists prescribing natalizumab under the PBS listing must be registered with the Tysabri Australian Prescribing Program.

Authority required (STREAMLINED)

3425

Treatment, as monotherapy, by a neurologist, of clinically definite relapsing-remitting multiple sclerosis in an ambulatory (without assistance or support) patient 18 years of age or older, who has experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years.

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

Natalizumab must be ceased if there is continuing progression of disability while on treatment with natalizumab. For continued treatment the patient must demonstrate compliance with, and an ability to tolerate, natalizumab.

Note

Special Pricing Arrangements apply.

9505G	Solution concentrate for I.V. infusion 300 mg in 15 mL	1	5	..	2038.46	Tysabri	BD
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SIROLIMUS

Caution

Careful monitoring of patients is mandatory.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
<u>Authority required (STREAMLINED)</u>							
3355							
Management of rejection, under the supervision and direction of a transplant unit, in patients receiving this drug for prophylaxis of renal allograft rejection. Management includes initiation, stabilisation and review of therapy as required.							
9548M	Tablet 2 mg	200	5	..	*2893.34	Rapamune	PF
9549N	Tablet 1 mg	200	5	..	*1446.66	Rapamune	PF
9550P	Oral solution 1 mg per mL, 60 mL	2	5	..	*936.00	Rapamune	PF
9747B	Tablet 0.5 mg	200	5	..	*723.34	Rapamune	PF

Tumor necrosis factor alpha (TNF-alpha) inhibitors

ADALIMUMAB

Note

Any queries concerning the arrangements to prescribe adalimumab 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.

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

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

Note

TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any 1 time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with

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					Price for Max. Qty \$	

that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice within the current treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised

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therapy' above for further details.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with bDMARDs should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Medicare Australia at the time treatment is ceased.

Authority required

Initial 1 (new patient or patient recommencing after a break of more than 12 months).

Initial treatment by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years:

(a) who has severe active juvenile idiopathic arthritis; AND

(b) whose parent or authorised guardian has signed a patient acknowledgement; AND

(c) who has not received PBS-subsidised treatment with adalimumab or etanercept for this condition in the previous 12 months; AND

(d) who has demonstrated either:

(i) severe intolerance of, or toxicity due to, methotrexate (see below for definition of severe intolerance and toxicity); or

(ii) failure to achieve an adequate response to 1 or more of the following treatment regimens:

— oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or

— oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other DMARD, alone or in combination with corticosteroids, for a minimum of 3 months. (Note: use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.)

Severe intolerance is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant NSAIDs on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, please provide details at time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of this toxicity at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; OR

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment should be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and

(3) an acknowledgement signed by a parent or authorised guardian.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of authority application, medical practitioners should request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide sufficient for two doses. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 4 weeks from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with adalimumab.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-

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subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

Authority required

Initial 2 (change or re-commencement after break of less than 12 months).

Initial PBS-subsidised treatment with adalimumab by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years who:

- (a) has a documented history of severe active juvenile idiopathic arthritis; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or etanercept for this condition; and
- (c) has not failed PBS-subsidised therapy with adalimumab for this condition more than once in the current treatment cycle.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for a patient who has received PBS-subsidised treatment with adalimumab in this treatment cycle and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised adalimumab treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of authority application, medical practitioners should request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide sufficient for two doses. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised adalimumab treatment was approved under either of the Initial 1 or 2 treatment restrictions, the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised adalimumab treatment was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to that particular course of bDMARD.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

Authority required

Initial 3 ('grandfather' patients).

Initial PBS-subsidised supply for continuing treatment with adalimumab, by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years who:

- (a) has a documented history of severe active juvenile idiopathic arthritis; and
- (b) was receiving treatment with adalimumab prior to 1 March 2010; and
- (c) has demonstrated a response as specified in the criteria for continuing PBS-subsidised treatment with adalimumab; and
- (d) is receiving treatment with adalimumab at the time of application.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) an acknowledgement signed by a parent or authorised guardian.

A maximum of 24 weeks of treatment will be authorised under this restriction.

At the time of authority application, medical practitioners should request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide sufficient for two doses. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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					\$	

The assessment of the patient's response to this initial course of PBS-subsidised therapy must be made within the 4 weeks prior to completion of the course in order to ensure continuity of treatment.

A patient ceasing treatment or swapping to an alternate agent and wishing to demonstrate a response to treatment, must be assessed no earlier than 12 weeks from the commencement of PBS-subsidised treatment. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A patient may only qualify for PBS-subsidised treatment under this restriction once.

Authority required

Continuing treatment.

Continuing PBS-subsidised treatment with adalimumab, by a rheumatologist or under the supervision of a paediatric rheumatology treatment centre, of a patient:

- (a) who has a documented history of severe active juvenile idiopathic arthritis; and
- (b) who has demonstrated an adequate response to treatment with adalimumab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with adalimumab.

An adequate response to treatment is defined as:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of authority application, medical practitioners should request the appropriate number of injections of appropriate strength, based on the weight of the patient, to provide sufficient for two doses. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with adalimumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with adalimumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial adalimumab after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

9661L	Injection 20 mg in 0.4 mL pre-filled syringe	2	..	..	1630.00	Humira	AB
9662M	Injection 40 mg in 0.8 mL pre-filled syringe	2	..	..	1630.00	Humira	AB
9663N	Injection 40 mg in 0.8 mL pre-filled pen	2	..	..	1630.00	Humira	AB

ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

Medicare Australia
Prior Written Approval of Specialised Drugs
Reply Paid 9826

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

GPO Box 9826
HOBART TAS 7001

Note

TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any 1 time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice within the current treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised therapy' above for further details.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with bDMARDs should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Medicare Australia at the time treatment is ceased.

Authority required

Initial 1 (new patient or patient recommencing after a break of more than 12 months).

Initial treatment by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years:

- (a) who has severe active juvenile idiopathic arthritis; AND
- (b) whose parent or authorised guardian has signed a patient acknowledgement; AND
- (c) who has not received PBS-subsidised treatment with adalimumab or etanercept for this condition in the previous 12 months; AND
- (d) who has demonstrated either:
 - (i) severe intolerance of, or toxicity due to, methotrexate (see below for definition of severe intolerance and toxicity); or
 - (ii) failure to achieve an adequate response to 1 or more of the following treatment regimens:
 - oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or
 - oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other DMARD, alone or in combination with corticosteroids, for a minimum of 3 months. (Note: use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.)

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

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					Max. Qty \$	

Severe intolerance is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant NSAIDs on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, please provide details at time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of this toxicity at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

- (a) an active joint count of at least 20 active (swollen and tender) joints; OR
- (b) at least 4 active joints from the following list:
 - (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment should be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) an acknowledgement signed by a parent or authorised guardian.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 4 weeks from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with etanercept.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

Authority required

Initial 2 (change or re-commencement after break of less than 12 months).

Initial PBS-subsidised treatment with etanercept by a paediatric rheumatologist, or under the supervision of a paediatric rheumatology treatment centre, of a patient under 18 years who:

- (a) has a documented history of severe active juvenile idiopathic arthritis; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or etanercept for this condition; and
- (c) has not failed PBS-subsidised therapy with etanercept for this condition more than once in the current treatment cycle.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for a patient who has received PBS-subsidised treatment with etanercept in this treatment cycle and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised etanercept treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

Where fewer than 3 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with etanercept may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Where the most recent course of PBS-subsidised etanercept treatment was approved under either of the Initial 1 or 2 treatment restrictions, the patient must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised etanercept treatment was approved under the continuing treatment criteria, the patient must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to that particular course of bDMARD.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

Authority required

Continuing treatment.

Continuing PBS-subsidised treatment with etanercept, by a rheumatologist or under the supervision of a paediatric rheumatology treatment centre, of a patient:

- (a) who has a documented history of severe active juvenile idiopathic arthritis; and
- (b) who has demonstrated an adequate response to treatment with etanercept; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with etanercept.

An adequate response to treatment is defined as:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle. A patient may re-trial etanercept after a minimum of 12 months have elapsed between the date the last PBS-subsidised bDMARD was stopped and the date of the first application under a new treatment cycle.

5734T	Injection set containing 4 vials powder for injection 25 mg and 4 pre-filled syringes solvent 1 mL	1	815.00	Enbrel	PF
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ETANERCEPT

Note

Any queries concerning the arrangements to prescribe etanercept 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.

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

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

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

HOBART TAS 7001

Note

TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient who has severe active juvenile idiopathic arthritis. Where the term bDMARD appears in the following NOTES and restrictions, it refers to adalimumab and etanercept only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 bDMARDs at any 1 time.

From 1 November 2010, a patient receiving PBS-subsidised bDMARD therapy is considered to be in a treatment cycle where they may swap to the alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

- continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy, and
- fail to respond, or to sustain a response to one PBS-subsidised bDMARD twice and the other PBS-subsidised bDMARD once only.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological therapy before they are eligible to receive further PBS-subsidised bDMARD therapy. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment was stopped to the date of the first application for initial treatment with a bDMARD under the new treatment cycle.

A patient who was receiving PBS-subsidised bDMARD treatment immediately prior to 1 November 2010 is considered to be in their first cycle as of 1 November 2010. A patient who has had a break in bDMARD treatment of at least 12 months immediately prior to making a new application, on or after 1 November 2010, will commence a new treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of a bDMARD in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 November 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 12 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 12 months in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD, it is recommended that a patient is reviewed in the 4 weeks prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to the alternate bDMARD without having to requalify with respect to the indices of disease severity (joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 12 months.

A patient may trial the alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug twice within the current treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count submitted with the first authority application for a bDMARD. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to the revised baseline measurement.

(4) Re-commencement of treatment after a 12 month break in PBS-subsidised therapy.

A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised bDMARD therapy of at least 12 months, must requalify for treatment under the Initial 1 treatment restriction.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab.

A patient who commenced treatment with adalimumab for severe active juvenile idiopathic arthritis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must qualify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 12 month break in PBS-subsidised therapy' above for further details.

(6) Withdrawal of treatment after sustained remission.

Withdrawal of treatment with bDMARDs should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Medicare Australia at the time treatment is ceased.

Authority required

Continuing treatment.

Continuing PBS-subsidised treatment with etanercept, by a rheumatologist or under the supervision of a paediatric rheumatology treatment centre, of a patient 18 years or older:

- (a) who has a documented history of severe active juvenile idiopathic arthritis; and
- (b) who has demonstrated an adequate response to treatment with etanercept; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment in this treatment cycle was with etanercept.

An adequate response to treatment is defined as:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
<p>(1) a completed authority prescription form; and</p> <p>(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].</p> <p>A maximum of 24 weeks of treatment will be approved under this restriction.</p> <p>Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p> <p>All applications for continuing treatment with etanercept must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with etanercept, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.</p> <p>If a patient fails to respond to treatment 3 times (twice with one agent and once with the other) they will not be eligible to receive further PBS-subsidised bDMARD therapy in this treatment cycle.</p> <p>Where a patient with severe active juvenile idiopathic arthritis continues treatment with etanercept and is 18 years or older, etanercept 50 mg may be prescribed.</p>						
5733R	Injections 50 mg in 1 mL single use pre-filled syringes, 4	1	..	..	1630.01	Enbrel PF
5735W	Injection 50 mg in 1 mL single use auto-injector, 4	1	..	..	1630.01	Enbrel PF

INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH ACTIVE ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept, golimumab and infliximab for adult patients with active ankylosing spondylitis. Where the term 'tumour necrosis factor (TNF) alpha antagonist' appears in the following NOTES and restrictions, it refers to adalimumab, etanercept, golimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 4 TNF-alfa antagonists at any 1 time.

From 1 March 2007, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised TNF-alfa antagonists without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 March 2007 is considered to be in their first cycle as of 1 March 2007.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than once. A patient who, prior to 1 March 2007, was authorised to receive PBS-subsidised initial treatment for ankylosing spondylitis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2007.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence

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a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept and golimumab and 18 weeks of treatment for infliximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap to an alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to an alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their

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exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with at least 1 NSAID, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the BASDAI, ESR and/or CRP levels are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with golimumab.

A patient who commenced treatment with golimumab for active ankylosing spondylitis prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with golimumab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with golimumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1 (new patients)

Initial PBS-subsidised treatment with infliximab, by a rheumatologist, of an adult with active ankylosing spondylitis who has radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis and who has not received any PBS-subsidised treatment with either adalimumab, etanercept, golimumab or infliximab in this treatment cycle; AND

(a) who has at least 2 of the following:

- (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or
- (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI) [for further information on the BASMI please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; or
- (iii) limitation of chest expansion relative to normal values for age and gender [for chest expansion normal values please refer to the Medicare Australia website at www.medicareaustralia.gov.au]; AND

(b) who has failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months.

The application must include details of the NSAIDs trialled, their doses and duration of treatment. If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance. Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Medicare Australia website at www.medicareaustralia.gov.au.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

- (a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND
- (b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au] which must include the following:

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- (i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and
- (ii) a completed BASDAI Assessment Form [www.medicareaustralia.gov.au]; and
- (iii) a completed Exercise Program Self Certification Form included in the supporting information form; and
- (iv) a signed patient acknowledgment form.

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

A maximum of 18 weeks of treatment with infliximab will be approved under this criterion.

At the time of the authority application, the doctor should request the appropriate number of vials, based on the weight of the patient, to provide for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 18 weeks of treatment may be requested by telephone.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Authority required

Initial 2 (change or re-commencement for all patients)

Initial PBS-subsidised treatment with infliximab, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who, in this treatment cycle, has received prior PBS-subsidised TNF-alfa antagonist treatment for this condition and is eligible to receive further TNF-alfa antagonist therapy, and has not failed PBS-subsidised therapy with infliximab in the current treatment cycle.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised TNF-alfa antagonist therapy or, under this restriction, for patients who have received previous PBS-subsidised TNF-alfa antagonist therapy) the patient must have been assessed for response to that course following a minimum of 12 weeks of treatment. These assessments must be provided to Medicare Australia no later than 4 weeks from the date the course was ceased. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where the most recent course of PBS-subsidised infliximab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].

A maximum of 18 weeks of treatment with infliximab will be approved under this criterion.

At the time of the authority application, the doctor should request the appropriate number of vials, based on the weight of the patient, to provide for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 18 weeks of treatment may be requested by telephone.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.

Authority required

Continuing treatment for all patients

Continuing PBS-subsidised treatment, by a rheumatologist, of an adult with a documented history of active ankylosing spondylitis who:

- (a) has demonstrated an adequate response to treatment with infliximab; and
- (b) whose most recent course of PBS-subsidised therapy in this treatment cycle was with infliximab.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

- (a) an ESR measurement no greater than 25 mm per hour; or
- (b) a CRP measurement no greater than 10 mg per L; or
- (c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and

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<p>(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form [www.medicareaustralia.gov.au].</p> <p>All measurements provided must be no more than 1 month old at the time of application.</p> <p>A maximum of 24 weeks of treatment with infliximab will be authorised under this criterion.</p> <p>At the time of the authority application, the doctor should request the appropriate number of vials, based on the weight of the patient, to provide for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.</p> <p>Where fewer than 3 repeats are initially requested with the authority prescription, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone.</p> <p>All applications for continuing treatment with infliximab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment following an initial treatment course it must be made following a minimum of 12 weeks of treatment with infliximab. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.</p> <p>Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised TNF-alfa antagonist was approved in this cycle and the date of the first application under a new cycle.</p>						
5753T	Powder for I.V. infusion 100 mg	1	..	..	751.70	Remicade JC

INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

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A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

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(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with infliximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6

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months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 22 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to

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					\$	

Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with infliximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have a documented history of severe active rheumatoid arthritis; and
- (b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with infliximab and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised infliximab treatment, within the timeframes specified below.

A maximum of 22 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised infliximab treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised infliximab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with infliximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with infliximab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with infliximab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 3 mg per kg. Up to a maximum of 2 repeats may be authorised.

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					\$	

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with infliximab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

Special Pricing Arrangements apply.

5757B	Powder for I.V. infusion 100 mg	1	751.70	Remicade	JC
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INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialed it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

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					\$	

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

Authority required

Initial 1

Initial PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have severe active psoriatic arthritis; and
- (2) have received no prior PBS-subsidised biological treatment for this condition in this Treatment Cycle; and
- (3) have failed to achieve an adequate response to:
 - (a) methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months; and
 - (b) sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; or
 - (c) leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities, including severity, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

- (i) an active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of 22 weeks treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

The assessment of the patient's response to the initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

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					Max. Qty \$	

Authority required

Initial 2

Initial PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults who:

- (1) have a documented history of severe active psoriatic arthritis; and
- (2) have received prior PBS-subsidised biological treatment for this condition in this Treatment Cycle and are eligible to receive further biological therapy; and
- (3) have not failed treatment with infliximab during the current Treatment Cycle.

Applications for patients who have received PBS-subsidised treatment with infliximab within this Treatment Cycle and who wish to re-commence therapy with this drug within this same Cycle, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised infliximab treatment, within the timeframes specified below.

A maximum of 22 weeks treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised infliximab treatment was approved under either of the initial treatment restrictions (i.e. for patients with no prior PBS-subsidised biological therapy or, under this restriction, for patients who have received previous PBS-subsidised biological therapy), patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised infliximab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with infliximab, by a rheumatologist or clinical immunologist with expertise in the management of psoriatic arthritis, of adults:

- (1) who have a documented history of severe active psoriatic arthritis; and
- (2) whose most recent course of PBS-subsidised biological agent for this condition in the current Treatment Cycle was with infliximab; and
- (3) who, at the time of application, demonstrate an adequate response to treatment with infliximab.

An adequate response to treatment with infliximab is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Psoriatic Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats may be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST

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					Max. Qty \$	

Monday to Friday).

All applications for continuing treatment with infliximab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

Patients who fail to demonstrate a response to treatment with infliximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug, in this Treatment Cycle. Patients may re-trial infliximab after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents (adalimumab, etanercept, golimumab and infliximab) for adult patients with severe active psoriatic arthritis.

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological agents at any 1 time. Where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, golimumab and infliximab.

From 1 August 2006, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial biological agents without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

Following demonstration of response to initial treatment, these biological agents are available under the PBS for continuing treatment as set out in the continuing treatment restriction for each agent.

Once patients have either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological therapy before they are eligible to commence another Cycle [further details are under '(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The 5-year break in therapy will be measured from the date the last approval for PBS-subsidised treatment was granted in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Cycle.

Within the same Cycle, patients are not allowed to fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for any biological agent, they must change to an alternate agent which they have not previously failed, if they wish to continue PBS-subsidised biological treatment.

Patients for whom a break in PBS-subsidised therapy of less than 5 years has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular treatment Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe active psoriatic arthritis after 1 August 2010.

(1) Initial treatment.

Applications for initial treatment should be made where:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); and
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; and
- (iii) patients wish to re-commence treatment with a specific biological agent following a break in PBS-subsidised therapy with that specific agent (Initial 2).

All applications for initial treatment for non-grandfather patients will be limited to provide for a maximum of 16 weeks of therapy for all agents except for infliximab, for which a maximum of 22 weeks will be authorised. It is recommended that patients be reviewed in the month prior to completing their course of initial treatment to ensure uninterrupted biological agent supply.

Patients must be assessed for response to any course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

Grandfather patients — golimumab only.

Applications for patients who commenced treatment with golimumab prior to 1 March 2010 may apply for initial PBS-subsidised treatment as

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					\$	

continuing therapy under the relevant initial treatment restriction (Initial 3). These patients access the PBS interchangeability arrangements in the same way as new patients who have not been treated with any biological agent prior to PBS listing of that agent.

Applications for initial PBS-subsidised treatment for grandfather patients will provide for a maximum of 24 weeks of treatment for all agents. Approval will be based on the criteria included in the relevant restriction.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological agent, patients may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. Patients are eligible to receive continuing biological treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Patients must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased. Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond to treatment with that biological agent.

(3) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate biological agent without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements.

Patients may swap to an alternate biological agent at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological agent at the time of the application or not.

Patients may alternate between therapy with any biological agent of their choice (1 at a time) providing:

- (i) they have not received PBS-subsidised treatment with that particular biological agent previously; or
- (ii) they have demonstrated an adequate response to that particular biological agent if they have previously trialed it on the PBS; or
- (iii) they have not previously failed to respond to treatment 3 times in this Treatment Cycle.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the biological agent the patient is ceasing.

(4) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the indices of disease severity submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a treatment Cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.

(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent treatment Cycle following a break in PBS-subsidised biological therapy of at least 5 years, must re-qualify for initial treatment with respect to both the indices of disease severity. Patients must have received treatment with methotrexate and sulfasalazine or leflunomide, at an adequate dose, for a minimum of 3 months at the time the ESR or CRP levels and the active joint counts are measured.

5756Y	Powder for I.V. infusion 100 mg	1	751.70	Remicade	JC
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INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for adult patients with severe refractory Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 August 2008, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 August 2008 is considered to be in their first cycle as of 1 August 2008.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2008.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2008, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

and 2 repeats.

(b) Continuing treatment. Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, evidence of intestinal inflammation), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for severe refractory Crohn disease prior to 9 November 2007 or infliximab prior to 7 March 2007 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1 (new patients)

Initial treatment of Crohn disease in a patient assessed by CDAI.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with severe refractory Crohn disease who satisfies the following criteria:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician as specified in the NOTE below; and
- (b) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (c) has failed to achieve an adequate response to prior systemic therapy including:
 - (i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and
 - (ii) immunosuppressive therapy including:
 - azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
 - 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
 - methotrexate at a dose of at least 15 mg weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) have a severity of disease activity which results in a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as assessed.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

The most recent CDAI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition; and
 - (ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
 - (iii) the signed patient acknowledgement.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A CDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial 2

Change or re-commencement of treatment of Crohn disease in a patient assessed by CDAI.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below of a patient who:

- (a) has a documented history of severe refractory Crohn disease; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with infliximab or adalimumab for this condition; and
- (c) has not failed PBS-subsidised therapy with infliximab for this condition more than once in the current treatment cycle.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition; and
 - (ii) details of prior TNF alfa antagonist treatment including details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A CDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Continuing treatment of Crohn disease in a patient assessed by CDAI.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of severe refractory Crohn disease; and
- (b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition.

The CDAI assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with infliximab, a CDAI assessment of the patient's response must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial 1

Initial treatment of Crohn disease in a patient with short gut syndrome or an ostomy patient.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist, or consultant physician as specified in the NOTE below of a patient who satisfies the following criteria:

- (a) has confirmed Crohn disease defined by standard clinical, endoscopic and/or imaging features, including histological evidence with the diagnosis confirmed by a gastroenterologist or consultant physician as specified in the NOTE below; and
- (b) has diagnostic imaging or surgical evidence of short gut syndrome or has an ileostomy or colostomy; and
- (c) has evidence of intestinal inflammation; and
- (d) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (e) has failed to achieve an adequate response to prior systemic drug therapy including:
 - (i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and
 - (ii) immunosuppressive therapy including:
 - azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
 - 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
 - methotrexate at a dose of at least 15 mg weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) have evidence of intestinal inflammation, including:
 - (i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; AND/OR
 - (ii) faeces: higher than normal lactoferrin or calprotectin level; AND/OR
 - (iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery;
- AND/OR
- (b) be assessed clinically as being in a high faecal output state;
- AND/OR
- (c) be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of infliximab.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and
 - (ii) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and
 - (iii) date of the most recent clinical assessment; and
 - (iv) the signed patient acknowledgement.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial 2

Change or re-commencement of treatment of Crohn disease in a patient with short gut syndrome, an ostomy patient or a patient with extensive small intestine disease.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below of a patient who:

- (a) has a documented history of severe refractory Crohn disease; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with infliximab or adalimumab for this condition; and
- (c) has not failed PBS-subsidised therapy with infliximab for this condition more than once in the current treatment cycle.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criteria, if relevant; and
 - (ii) details of prior TNF alfa antagonist treatment including details of date and duration of treatment.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of therapy so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

Authority required

Continuing treatment of Crohn disease in a patient with short gut syndrome or an ostomy patient.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of severe refractory Crohn disease with intestinal inflammation and with short gut syndrome or with an ileostomy or colostomy; and
- (b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as:

- (a) improvement of intestinal inflammation as demonstrated by:
 - (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR
 - (ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR
 - (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or
- (b) reversal of high faecal output state; or
- (c) avoidance of the need for surgery or total parenteral nutrition (TPN).

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy or the date of clinical assessment.

The patient's assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with infliximab, an assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial 1

Initial treatment of Crohn disease in a patient with extensive small intestine disease.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with severe refractory Crohn disease who satisfies the following criteria:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or consultant physician as specified in the NOTE below; and
- (b) has extensive small intestinal disease with radiological evidence of intestinal inflammation affecting more than 50 cm of the small intestine; and
- (c) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) has failed to achieve an adequate response to prior systemic therapy including:
 - (i) a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period; and
 - (ii) immunosuppressive therapy including:
 - azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
 - 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
 - methotrexate at a dose of at least 15 mg weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or

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consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

(a) have severity of disease activity which results in a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220;

AND/OR

(b) have evidence of active intestinal inflammation, including:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; AND/OR

(ii) faeces: higher than normal lactoferrin or calprotectin level; AND/OR

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery;

AND/OR

(c) be assessed clinically as being in a high faecal output state;

AND/OR

(d) be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of infliximab.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:

(i) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(ii) (1) reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; or

(2) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the dates of assessment of the patient's condition, if relevant; and

(iii) date of the most recent clinical assessment; and

(iv) the signed patient acknowledgement.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

The assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Continuing treatment of Crohn disease in a patient with extensive small intestine disease.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, or consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

(a) has a documented history of severe refractory Crohn disease with extensive intestinal inflammation affecting more than 50 cm of the small intestine; and

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(b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as:

- (a) a reduction in Crohn Disease Activity Index (CDAI) Score to no greater than 150; or
- (b) improvement of intestinal inflammation as demonstrated by:
 - (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR
 - (ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR
 - (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or
- (c) reversal of high faecal output state; or
- (d) avoidance of the need for surgery or total parenteral nutrition (TPN).

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition; or
 - (ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy; or
 - (iii) the date of clinical assessment.

All assessments must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with infliximab, an assessment of the patient's response must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial 3 (grandfather)

Initial PBS-subsidised treatment of Crohn disease in a patient assessed by CDAI who has previously received non-PBS-subsidised therapy with infliximab.

Initial PBS-subsidised supply for continuing treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below, or other consultant physician in consultation with a gastroenterologist of a patient who:

- (a) has a documented history of severe refractory Crohn disease and was receiving treatment with infliximab prior to 7 March 2007; and
- (b) had a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 prior to commencing treatment with infliximab. Where a baseline CDAI assessment is not available, please call Medicare Australia on 1800 700 270 to discuss; and
- (c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) has demonstrated or sustained an adequate response to treatment with infliximab. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as a reduction in Crohn Disease Activity Index (CDAI) Score to no greater than 150.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:

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- (i) the completed current and baseline Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition; and
- (ii) the signed patient acknowledgement.

The current CDAI assessment must be no more than 1 month old at the time of application. The baseline CDAI assessment must be from immediately prior to commencing treatment with infliximab.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Authority required

Initial 3

Initial PBS-subsidised treatment of Crohn disease in a patient with short gut syndrome, an ostomy patient, or a patient with extensive small intestine disease, who has previously received non-PBS-subsidised therapy with infliximab.

Initial PBS-subsidised supply for continuing treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below, or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of severe refractory Crohn disease and was receiving treatment with infliximab prior to 7 March 2007; and
- (b) (1) has a history of extensive small intestinal disease with radiological evidence of intestinal inflammation affecting more than 50 cm of the small intestine; or
- (2) has diagnostic imaging or surgical evidence of short gut syndrome or has an ileostomy or colostomy with a documented history of intestinal inflammation; and
- (c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) has demonstrated or sustained an adequate response to treatment with infliximab according to the criteria included in the relevant continuation restriction. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

The same criteria used to determine an inadequate response to prior treatment at baseline must be used to determine response to treatment and eligibility for continuing therapy, according to the criteria included in the continuing treatment restriction.

An adequate response to infliximab treatment is defined as:

- (a) a reduction in Crohn Disease Activity Index (CDAI) Score to no greater than 150; or
- (b) improvement of intestinal inflammation as demonstrated by:
 - (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; AND/OR
 - (ii) faeces: normalisation of lactoferrin or calprotectin level; AND/OR
 - (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or
- (c) reversal of high faecal output state; or
- (d) avoidance of the need for surgery or total parenteral nutrition (TPN).

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) (1) the completed current and baseline Crohn Disease Activity Index (CDAI) Score calculation sheet, where relevant, including the date of the assessment of the patient's condition; or
 - (2) the reports and dates of the current and baseline pathology or diagnostic imaging test(s) in order to assess response to therapy; or
 - (3) the date of clinical assessment(s); and
 - (ii) the signed patient acknowledgement.

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The patient's assessment must be no more than 1 month old at the time of application. The baseline CDAI assessments must be from immediately prior to commencing treatment with infliximab. Where a baseline assessment is not available, please call Medicare Australia on 1800 700 270 to discuss.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for adult patients with severe refractory Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 August 2008, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 August 2008 is considered to be in their first cycle as of 1 August 2008.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2008.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

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From 1 August 2008, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment. Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, evidence of intestinal inflammation), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time the CDAI score or the indices of intestinal inflammation are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for severe refractory Crohn disease prior to 9 November 2007 or infliximab prior to 7 March 2007 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

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<p>A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.</p> <p>Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.</p> <p>'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.</p>						
5754W	Powder for I.V. infusion 100 mg	1	..	..	751.70	Remicade JC

INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for adult patients with severe refractory Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 August 2008, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 August 2008 is considered to be in their first cycle as of 1 August 2008.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 August 2008.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial

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1); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) TNF- α antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific TNF- α antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2008, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF- α antagonist.

For second and subsequent courses of PBS-subsidised TNF- α antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment. Following the completion of an initial treatment course with a specific TNF- α antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF- α antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF- α antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF- α antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF- α antagonist is approved, a patient may swap if eligible to the alternate TNF- α antagonist within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, evidence of intestinal inflammation), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial the alternate TNF- α antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF- α antagonist at the time of the application. However, they cannot swap to a particular TNF- α antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF- α antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF- α antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a TNF- α antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF- α antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity. Patients must have received treatment with a corticosteroid and at least 1 immunosuppressive agent, at an adequate dose, for a minimum of 3 consecutive months immediately prior to the time

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the CDAI score or the indices of intestinal inflammation are measured.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for severe refractory Crohn disease prior to 9 November 2007 or infliximab prior to 7 March 2007 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial treatment of Crohn disease in a paediatric patient.

Initial PBS-subsidised treatment by a gastroenterologist, paediatrician or consultant physician as specified in the NOTE below, of a patient aged 6 to 17 years inclusive with moderate to severe refractory Crohn disease who satisfies the following criteria:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or consultant physician as specified in the NOTE below; and
- (b) whose parent or authorised guardian has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (c) has failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including:
 - (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period;
 - (ii) an 8 week course of enteral nutrition;
 - (iii) immunosuppressive therapy including:
 - azathioprine at a dose of at least 2 mg per kg daily for 3 or more months; or
 - 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months; or
 - methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) severity of disease activity which results in a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 30 as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) The most recent PCDAI assessment must be no more than 1 month old at the time of application.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet including the date of assessment of the patient's condition; and
 - (ii) details of previous systemic drug therapy [dosage, date of commencement and duration of therapy], or dates of enteral nutrition; and
 - (iii) the signed patient acknowledgement.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete the 3 doses of

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infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

A PCDAI assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Continuing treatment of Crohn disease in a patient initiated on PBS-subsidised treatment as a paediatric patient.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, paediatrician, consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of moderate to severe refractory Crohn disease; and
- (b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as a reduction in Paediatric Crohn Disease Activity Index (PCDAI) Score by at least 15 points as compared to baseline AND a total PCDAI score of 30 points or less.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition.

The PCDAI assessment must be no more than 1 month old at the time of application.

If the application is the first application for continuing treatment with infliximab, a PCDAI assessment of the patient's response must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to receive PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Initial PBS-subsidised treatment of Crohn disease in a paediatric patient who has previously received non-PBS-subsidised therapy with infliximab.

Initial PBS-subsidised supply for continuing treatment with infliximab by a gastroenterologist, paediatrician, consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient aged 6 to 17 years inclusive who:

- (a) has a documented history of moderate to severe refractory Crohn disease and was receiving treatment with infliximab prior to 4 July 2007; and
- (b) had a Paediatric Crohn Disease Activity Index (PCDAI) Score of greater than 30 prior to commencing treatment with infliximab. Where a baseline CDAI assessment is not available, please call Medicare Australia on 1800 700 270 to discuss; and
- (c) whose parent or authorised guardian has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-

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subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and

(d) has demonstrated or sustained an adequate response to treatment with infliximab. For advice please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as a reduction in Paediatric Crohn Disease Activity Index (PCDAI) Score by at least 15 points as compared to baseline AND a total PCDAI score of 30 points or less.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and baseline Paediatric Crohn Disease Activity Index (PCDAI) calculation sheet along with the date of the assessment of the patient's condition; and
 - (ii) the signed patient acknowledgement.

The current PCDAI assessment must be no more than 1 month old at the time of application. The baseline PCDAI assessment must be from immediately prior to commencing treatment with infliximab.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

Patients who fail to demonstrate or sustain a response to treatment with infliximab for Crohn disease as specified in the criteria for continuing treatment with infliximab, will not be eligible to recommence PBS-subsidised treatment with this drug within 12 months of the date on which treatment was ceased.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

5755X	Powder for I.V. infusion 100 mg	1	751.70	Remicade	JC
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INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

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The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and infliximab for patients with complex refractory fistulising Crohn disease. Where the term 'tumour necrosis factor (TNF) alfa antagonist' appears in the following NOTES and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 TNF-alfa antagonists at any 1 time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial each PBS-subsidised TNF-alfa antagonist without having to experience a disease flare when swapping to the alternate agent. Under these interchangeability arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a TNF-alfa antagonist while they continue to show a response to therapy.

A patient who received PBS-subsidised TNF-alfa antagonist treatment prior to 1 April 2011 is considered to be in their first cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised TNF-alfa antagonist more than twice.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised TNF-alfa antagonist therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised TNF-alfa antagonist treatment in the most recent cycle to the date of the first application for initial treatment with a TNF-alfa antagonist under the new treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of TNF-alfa antagonists in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised TNF-alfa antagonist therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised TNF-alfa antagonist treatment in this treatment cycle and wishes to commence such therapy (Initial 1); or
- (ii) a patient has received prior PBS-subsidised (initial or continuing) TNF-alfa antagonist therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iii) a patient wishes to re-commence treatment with a specific TNF-alfa antagonist following a break in PBS-subsidised therapy with that agent (Initial 2).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

For second and subsequent courses of PBS-subsidised TNF-alfa antagonist treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Adalimumab only: Two completed authority prescriptions must be submitted with every initial application for adalimumab. One prescription must be for the induction pack containing a quantity of 6 doses of 40 mg and no repeats. The second prescription must be written for 2 doses of 40 mg and 2 repeats.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific TNF-alfa antagonist, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing TNF-alfa antagonist treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted TNF-alfa antagonist supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

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Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that TNF-alfa antagonist.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised TNF-alfa antagonist is approved, a patient may swap if eligible to the alternate TNF-alfa antagonist within the same treatment cycle.

A patient may trial the alternate TNF-alfa antagonist at any time, regardless of whether they are receiving therapy (initial or continuing) with a TNF-alfa antagonist at the time of the application. However, they cannot swap to a particular TNF-alfa antagonist if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, an application for a patient who wishes to swap to the alternate TNF-alfa antagonist should be accompanied by the approved authority prescription or remaining repeats for the TNF-alfa antagonist the patient is ceasing.

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements submitted with the first authority application for a TNF-alfa antagonist. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and Medicare Australia will assess response according to these revised baseline measurements.

(4) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised TNF-alfa antagonist therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

(5) Patients 'grandfathered' onto PBS-subsidised treatment with adalimumab or infliximab.

A patient who commenced treatment with adalimumab for complex refractory fistulising Crohn disease prior to 4 November 2010 or infliximab prior to 1 March 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with adalimumab or infliximab will be authorised under this criterion.

Following completion of the initial PBS-subsidised course, further applications for treatment with adalimumab or infliximab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle. For the second and subsequent cycles, a 'grandfather' patient must requalify for initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 5-year break in PBS-subsidised therapy' above for further details.

Authority required

Initial 1

Initial treatment of complex refractory FISTULISING CROHN DISEASE.

Initial PBS-subsidised treatment with infliximab by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with complex refractory fistulising Crohn disease who:

- (a) has confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician as specified in the NOTE below; and
- (b) has an externally draining enterocutaneous or rectovaginal fistula; and
- (c) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and
 - (ii) a signed patient acknowledgement.

The most recent fistula assessment must be no more than 1 month old at the time of application.

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A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6 will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

An assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (up to 6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial 2

Change or re-commencement of treatment of complex refractory FISTULISING CROHN DISEASE.

Initial PBS-subsidised treatment with infliximab of complex refractory fistulising Crohn disease by a gastroenterologist or a consultant physician as specified in the NOTE below, of a patient with complex refractory fistulising Crohn disease who:

- (a) has a documented history of complex refractory fistulising Crohn disease; and
- (b) in this treatment cycle, has received prior PBS-subsidised treatment with adalimumab or infliximab for a draining enterocutaneous or rectovaginal fistula; and
- (c) has not failed PBS-subsidised therapy with infliximab for this condition more than once in the current treatment cycle.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of TNF-alfa antagonist therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised TNF-alfa antagonist treatment was approved under an initial treatment restriction, the patient must have been assessed for response to that course following a minimum of 12 weeks therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

If the response assessment to the previous course of TNF-alfa antagonist treatment is not submitted as detailed above, the patient will be deemed to have failed therapy with that particular course of TNF-alfa antagonist.

Authority applications must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and
 - (ii) details of prior TNF-alfa antagonist treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 1 month old at the time of application.

A maximum quantity and number of repeats to provide for an initial course of infliximab consisting of 3 doses at 5 mg per kg body weight per dose to be administered at weeks 0, 2 and 6, will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 3 doses of infliximab may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

An assessment of the patient's response to this initial course of treatment must be made up to 12 weeks after the first dose (up to 6 weeks following the third dose) so that there is adequate time for a response to be demonstrated.

This assessment must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab.

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It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 12 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial 3 (grandfather)

Initial PBS-subsidised treatment of complex refractory FISTULISING CROHN DISEASE in a patient who has previously received non-PBS-subsidised therapy with infliximab.

Initial PBS-subsidised supply for continuing treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below, or other consultant physician in consultation with a gastroenterologist of a patient who satisfies the following criteria:

- (a) has a documented history of complex refractory fistulising Crohn disease and was receiving treatment with infliximab prior to 1 March 2010; and
- (b) had a draining enterocutaneous or rectovaginal fistula(e) prior to commencing treatment with infliximab; and
- (c) has signed a patient acknowledgement indicating that they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and
- (d) is receiving treatment with infliximab at the time of application; and
- (e) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response to infliximab treatment is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) a completed current and baseline Fistula Assessment form including the date of assessment of the patient's condition; and
 - (ii) a signed patient acknowledgement.

The current fistula assessment must be no more than 1 month old at the time of application.

The baseline fistula assessment must be from immediately prior to commencing treatment with infliximab.

An assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.

Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.

Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Patients may qualify for PBS-subsidised treatment under this restriction once only.

Authority required

Continuing treatment of complex refractory FISTULISING CROHN DISEASE.

Continuing PBS-subsidised treatment with infliximab by a gastroenterologist, a consultant physician as specified in the NOTE below or other consultant physician in consultation with a gastroenterologist, of a patient who:

- (a) has a documented history of complex refractory fistulising Crohn disease; and
- (b) has demonstrated or sustained an adequate response to treatment with infliximab.

NOTE: Prescribers must be gastroenterologists (code 87), consultant physicians [internal medicine specialising in gastroenterology (code 81)] or consultant physicians [general medicine specialising in gastroenterology (code 82)].

An adequate response is defined as:

- (a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or
- (b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

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<p>Authority applications must be made in writing and must include:</p> <p>(a) a completed authority prescription form; and</p> <p>(b) a completed Fistulising Crohn Disease PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.</p> <p>The fistula assessment must be no more than 1 month old at the time of application.</p> <p>If the application is the first application for continuing treatment with infliximab, an assessment of the patient's response must be made up to 12 weeks after the first dose so that there is adequate time for a response to be demonstrated.</p> <p>An assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to Medicare Australia no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criteria.</p> <p>Where an assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with infliximab.</p> <p>Patients are eligible to receive continuing infliximab treatment in courses of up to 24 weeks providing they continue to sustain the response.</p> <p>At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised. No applications for increased repeats will be authorised.</p> <p>Where fewer than 2 repeats are requested at the time of application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).</p>						
9654D	Powder for I.V. infusion 100 mg	1	..	..	751.70	Remicade JC

INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab 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.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological agents adalimumab, etanercept, infliximab and ustekinumab, for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological agents' appears in the following NOTES and restrictions, it only refers to adalimumab, etanercept, infliximab and ustekinumab.

From 1 March 2010, all patients will be able to commence a 'Biological Treatment Cycle' (Cycle), where they may trial adalimumab, etanercept, infliximab or ustekinumab without having to meet the initial treatment criteria, that is they will not need to experience a disease flare when swapping to an alternate agent. Under these interchangeability arrangements, within a single Cycle, patients may receive long-term treatment with a biological agent as long as they sustain a response to therapy.

A patient who received PBS-subsidised biological agent treatment for chronic plaque psoriasis prior to 1 March 2010 is considered to be in their first Cycle as of 1 March 2010.

Patients are eligible for PBS-subsidised treatment with only 1 biological agent at any 1 time.

Within the same Treatment Cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological agent more than once. Therefore once a patient fails to meet the response criteria for a PBS-subsidised biological agent, they must change to an alternate agent if they wish to continue PBS-subsidised biological treatment. A patient who, prior to 1 March 2010, was authorised to receive PBS-subsidised initial

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treatment for chronic plaque psoriasis with the same agent twice, is exempt from this condition in respect of applications approved prior to 1 March 2010.

Patients must be assessed for response to each course of continuing treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a Treatment Cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological agent therapy before they are eligible to commence the next Cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological agent treatment in the most recent Cycle to the date of the first application for initial treatment with a biological agent under the new Treatment Cycle.

Patients for whom a break in PBS-subsidised therapy of less than 5 years duration has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, may commence a further course of treatment within that Cycle.

Patients for whom a break in PBS-subsidised therapy of 5 years or more has occurred, and, who have failed therapy fewer than 3 times within a particular Cycle, as defined in the relevant restriction, are eligible to commence a new Cycle.

There is no limit to the number of Biological Treatment Cycles a patient may undertake in their lifetime.

How to prescribe biological agents for the treatment of severe chronic plaque psoriasis after 1 March 2010.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Application for approval for initial treatment.

Applications for a course of initial treatment should be made in the following situations:

- (i) patients have received no prior PBS-subsidised biological treatment and wish to commence such therapy (Initial 1); or
- (ii) patients have received prior PBS-subsidised biological therapy and wish to trial an alternate agent (Initial 2) [further details are under '(4) Swapping therapy' below]; or
- (iii) patients who wish to re-commence treatment following a break in PBS-subsidised therapy with that agent (Initial 2).

All applications for initial treatment will be limited to provide for a maximum of 16 weeks of treatment in the case of adalimumab and etanercept, 22 weeks of treatment in the case of infliximab and 28 weeks of treatment in the case of ustekinumab.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological agent, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessment must be submitted to Medicare Australia within 1 month of the completion of this initial treatment course. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Application for continuing treatment.

Following the completion of an initial treatment course of a biological agent to which an adequate response has been demonstrated, patients may qualify to receive up to 24 weeks of continuing treatment with that biological agent. Patients are eligible to continue to receive continuous treatment with 24 week courses providing they continue to sustain a response.

For second and subsequent courses of PBS-subsidised treatment with adalimumab, etanercept, infliximab or ustekinumab it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Where a response assessment is not submitted to Medicare Australia within these timeframes, patients will be deemed to have failed to sustain a response to treatment with that biological agent. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

(4) Swapping therapy.

Once an authority for initial treatment with the first PBS-subsidised biological agent is approved, patients may swap to an alternate agent within the same Treatment Cycle without having to requalify with respect to disease severity (i.e. a PASI score of greater than 15), or prior treatment requirements.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

Patients may trial an alternate biological agent at any time, regardless of whether they are receiving therapy with a biological agent at the time of

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the application or not. However, they cannot swap to a particular agent if they have failed to respond to treatment with that particular agent within the same Cycle.

Patients who commenced treatment with adalimumab prior to 1 June 2009 or ustekinumab prior to 1 March 2010 access these interchangeability arrangements in the same way as patients who have not.

To ensure patients receive the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

To avoid confusion, applications for patients who wish to swap to an alternate biological agent should be accompanied by the approved authority prescription or remaining repeats for the agent being ceased.

(5) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated, based on the baseline PASI assessment submitted with the first authority application for a biological agent. However, prescribers may provide new baseline measurements any time that an initial treatment authority is submitted within a Treatment Cycle and subsequent response will be assessed according to this revised PASI score.

To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatment applications.

(6) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.

Patients who wish to trial a second or subsequent Biological Treatment Cycle, following a break in PBS-subsidised biological therapy of at least 5 years, must requalify for initial treatment according to the criteria of the relevant restriction and index of disease severity. Patients must have had at least 1 prior treatment, as listed in the criteria, for a minimum of 6 weeks, and must have a PASI assessment conducted preferably whilst still on treatment, but no later than 1 month following cessation of treatment. The PASI assessment must be no older than 1 month at the time of application.

Authority required

Initial treatment [Initial 1, Whole body (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis; and
- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (whole body); and
- (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 - (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 - (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 - (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

- (a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.
- (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
 - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 - (iii) the signed patient and prescriber acknowledgements.

A maximum of 22 weeks of treatment with infliximab will be authorised under this restriction.

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At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 22 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Authority required

Initial or re-Treatment [Initial 2, Whole body (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis; and
- (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have not failed PBS-subsidised therapy with infliximab for the treatment of this condition in the current Treatment Cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)];
 - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

Applications for patients who have demonstrated a response to PBS-subsidised infliximab treatment within this Treatment Cycle and who wish to re-commence infliximab treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised infliximab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.

A maximum of 22 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 22 weeks.

A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Continuing treatment (Whole body)

Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:

- (a) who have a documented history of severe chronic plaque psoriasis; and
- (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with infliximab; and

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(c) who have demonstrated an adequate response to their most recent course of treatment with infliximab.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-biological treatment baseline value for this Treatment Cycle.

This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
- (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet along with the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with infliximab.

A maximum of 24 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.

A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Initial treatment [Initial 1, Face, hand, foot (New patients — No prior biological agent)]

Initial treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- (b) have not received any prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have signed a patient and prescriber acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criterion for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment (face, hand, foot); and
- (d) have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 3 of the following 4 treatments:
 - (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or
 - (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; and/or
 - (iii) cyclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; and/or
 - (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity to necessitate permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of acceptable toxicities including severity, associated with phototherapy, methotrexate, cyclosporin and acitretin, can be found on the Medicare Australia website (www.medicareaustralia.gov.au).

The following initiation criterion indicates failure to achieve an adequate response and must be demonstrated in all patients at the time of the application:

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- (a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:
- (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or
 - (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.
- (b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.
- (c) The most recent PASI assessment must be no more than 1 month old at the time of application.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]]; and
 - (ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy]; and
 - (iii) the signed patient and prescriber acknowledgements.

A maximum of 22 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 22 weeks.

A PASI assessment of the patient's response to this initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Authority required

Initial or re-Treatment [Initial 2, Face, hand, foot (Received prior biological agent under PBS)]

Treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over who:

- (a) have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) have received prior PBS-subsidised treatment with a biological agent for this condition in this Treatment Cycle; and
- (c) have not failed PBS-subsidised therapy with infliximab for the treatment of this condition in the current Treatment Cycle.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]]; and
 - (ii) details of prior biological treatment, including dosage, date and duration of treatment.

Applications for patients who have demonstrated a response to PBS-subsidised infliximab treatment within this Treatment Cycle and who wish to recommence infliximab treatment within the same Cycle following a break in therapy, will only be approved where evidence of the patient's response to their most recent course of PBS-subsidised infliximab treatment has been submitted to Medicare Australia within 1 month of cessation of treatment.

A maximum of 22 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 3 repeats will be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 22 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 22 weeks.

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					Max. Qty \$	

A PASI assessment of the patient's response to this course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

Authority required

Continuing treatment (Face, hand, foot)

Continuing PBS-subsidised treatment as systemic monotherapy (other than methotrexate) by a dermatologist for adults 18 years and over:

- (a) who have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
- (b) whose most recent course of PBS-subsidised biological treatment for this condition in this Treatment Cycle was with infliximab; and
- (c) who have demonstrated an adequate response to treatment with infliximab.

An adequate response to infliximab treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

- (i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or
- (ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with infliximab, the assessment of response must be after a minimum of 12 weeks of treatment with an initial course.

Applications for authorisation must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)] which includes the following:
 - (i) the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams along with the date of the assessment of the patient's condition [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

The most recent PASI assessment must be no more than 1 month old at the time of application.

A maximum of 24 weeks of treatment with infliximab will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 5 mg per kg. Up to a maximum of 2 repeats will be authorised.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for continuing authority applications, or for treatment that would otherwise extend the treatment period beyond 24 weeks.

A PASI assessment of the patient's response must be conducted within 4 weeks prior to completion of this course of treatment. This assessment, which will be used to determine eligibility for further continuing treatment must be submitted to Medicare Australia no later than 1 month from the date of completion of this course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with infliximab. In circumstances where it is not possible to submit a response assessment within these timeframes, please call Medicare Australia on 1800 700 270 to discuss.

It is recommended that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised infliximab treatment.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

Patients who fail to demonstrate a response to treatment with 3 biological agents are deemed to have completed this Treatment Cycle and must cease PBS-subsidised therapy. These patients may re-commence a new Biological Treatment Cycle after a minimum of 5 years has elapsed between the date the last prescription for a PBS-subsidised biological agent was approved in this Cycle and the date of the first application under the new Cycle.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

					Dispensed		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Price for Max. Qty \$	Brand Name and Manufacturer	
<u>Note</u>							
No applications for increased repeats will be authorised.							
5758C	Powder for I.V. infusion 100 mg	1	..	..	751.70	Remicade	IC

Interleukin inhibitors

TOCILIZUMAB

Note

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

Further prescribing information (including Authority Application Forms) is available on the Medicare Australia website at www.medicareaustralia.gov.au.

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

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

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (new patient or patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with tocilizumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (c) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or

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					Max. Qty \$	

intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;

AND either

(i) a total active joint count of at least 20 active (swollen and tender) joints; or

(ii) at least 4 active joints from the following list of major joints:

— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and

(3) a signed patient acknowledgement.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested.

Up to a maximum of 3 repeats of each strength may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Assessment of a patient's response to an initial course of treatment must be made after at least 12 weeks of treatment so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia no later than 1 month from the date of completion of this initial course of treatment. Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

Patients who fail to demonstrate a response to treatment with tocilizumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with tocilizumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

(a) have a documented history of severe active rheumatoid arthritis; and

(b) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with tocilizumab and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised tocilizumab treatment, within the timeframes specified below.

A maximum of 16 weeks of treatment will be authorised under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 3 repeats of each strength may be authorised.

Where fewer than 3 repeats are requested at the time of the initial application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Where the most recent course of PBS-subsidised tocilizumab treatment was approved under either of the initial 1 or 2 treatment restrictions, patients must have been assessed for response following a minimum of 12 weeks of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the date that course was ceased.

Where the most recent course of PBS-subsidised tocilizumab treatment was approved under the continuing treatment criteria, patients must have been assessed for response, and the assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Patients who fail to demonstrate a response to treatment with tocilizumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with tocilizumab, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with tocilizumab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with tocilizumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

- (i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or
- (ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or
 - shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form(s); and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of 24 weeks of treatment will be approved under this restriction.

At the time of the authority application, medical practitioners should request the appropriate quantity of vials of appropriate strength, based on the weight of the patient, to provide sufficient for a single infusion at a dose of 8 mg per kg. A separate authority prescription form must be completed for each strength requested. Up to a maximum of 5 repeats of each strength may be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

All applications for continuing treatment with tocilizumab must include a measurement of response to the prior course of therapy. This assessment must be provided to Medicare Australia no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with tocilizumab, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with an initial treatment course.

Patients who fail to demonstrate a response to treatment with tocilizumab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer	
					Price for Max. Qty \$		
<u>Note</u>							
Special Pricing Arrangements apply.							
9657G	Concentrate for injection 80 mg in 4 mL	1	..	..	186.88	Actemra	RO
9658H	Concentrate for injection 200 mg in 10 mL	1	..	..	467.20	Actemra	RO
9659J	Concentrate for injection 400 mg in 20 mL	1	..	..	934.40	Actemra	RO

Calcineurin inhibitors

CYCLOSPORIN

Caution

Careful monitoring of patients is mandatory.

Authority required (STREAMLINED)

3328

Management of rejection in patients following organ or tissue transplantation, under the supervision and direction of a transplant unit. Management includes initiation, stabilisation and review of therapy as required;

3329

Management (which includes initiation, stabilisation and review of therapy) by dermatologists or clinical immunologists of patients with severe atopic dermatitis for whom other systemic therapies are ineffective or inappropriate;

3330

Management (which includes initiation, stabilisation and review of therapy) by dermatologists of patients with severe psoriasis for whom other systemic therapies are ineffective or inappropriate and in whom the disease has caused significant interference with quality of life;

3331

Management (which includes initiation, stabilisation and review of therapy) by nephrologists of patients with nephrotic syndrome in patients in whom steroids and cytostatic drugs have failed or are not tolerated or are considered inappropriate and in whom renal function is unimpaired;

3332

Management (which includes initiation, stabilisation and review of therapy) by rheumatologists or clinical immunologists of patients with severe active rheumatoid arthritis for whom classical slow-acting anti-rheumatic agents (including methotrexate) are ineffective or inappropriate.

5632K	Capsule 10 mg	120	5	..	*74.40	Neoral 10	NV
5633L	Oral liquid 100 mg per mL, 50 mL	4	5	..	*1263.16	Neoral	NV
5634M	Capsule 25 mg	120	5	..	*153.56	^a Cicloral	SZ
						^a Neoral 25	NV
5635N	Capsule 50 mg	120	5	..	*319.52	^a Cicloral	SZ
				^B 4.24	*323.76	^a Neoral 50	NV
5636P	Capsule 100 mg	120	5	..	*651.08	^a Cicloral	SZ
				^B 5.56	*656.64	^a Neoral 100	NV

CYCLOSPORIN

Caution

Careful monitoring of patients is mandatory.

Authority required (STREAMLINED)

3333

For use by organ or tissue transplant recipients.

5631J	Solution concentrate for I.V. infusion 50 mg in 1 mL	10	54.10	Sandimmun	NV
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TACROLIMUS

Caution

Careful monitoring of patients is mandatory.

Authority required (STREAMLINED)

3328

Management of rejection in patients following organ or tissue transplantation, under the supervision and direction of a transplant unit. Management includes initiation, stabilisation and review of therapy as required.

9558C	Capsule 0.5 mg	200	5	..	*327.84	^a Prograf	JC
						^a Tacrolimus Sandoz	SZ
9560E	Capsule 1 mg	200	5	..	*655.68	^a Prograf	JC
						^a Tacrolimus Sandoz	SZ

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer	
					Price for Max. Qty \$		
9561F	Capsule 5 mg	100	5	..	*1638.38	^a Prograf	JC
						^a Tacrolimus Sandoz	SZ
9664P	Capsule 0.5 mg (once daily prolonged release)	60	5	..	*98.36	Prograf XL	JC
9665Q	Capsule 1 mg (once daily prolonged release)	120	5	..	*393.40	Prograf XL	JC
9666R	Capsule 5 mg (once daily prolonged release)	60	5	..	*983.54	Prograf XL	JC

Other immunosuppressants

LENALIDOMIDE

Note

Any queries concerning the arrangements to prescribe lenalidomide 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.

Any queries concerning patients who are enrolled on the Lenalidomide Compassionate program may be directed to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). These patients must demonstrate they met initial criteria prior to commencing treatment on the compassionate program and also demonstrate they do not have progressive disease. Baseline and current pathology reports must be submitted with the initial application.

Applications for authority to prescribe lenalidomide should be forwarded to:

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

Authority required

Initial PBS-subsidised treatment, as monotherapy or in combination with dexamethasone, 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:

- at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or
- 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
- 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
- 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
- an increase in the size or number of lytic bone lesions (not including compression fractures); or
- 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
- 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:

- confirmed disease progression during thalidomide treatment or within 6 months of discontinuing thalidomide treatment; or
- 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 4 drug-related dermatological reactions, such as Stevens-Johnson Syndrome, or other Grade 3 or 4 toxicity.

Failure to achieve at least a minimal response after 8 or more weeks of thalidomide-based therapy for progressive disease is defined as:

- less than a 25% reduction in serum or urine M protein; or
- 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.

Lenalidomide will only be subsidised for patients with multiple myeloma who are not receiving concomitant PBS-subsidised bortezomib.

The authority application must be made in writing and must include:

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					Max. Qty \$	

(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

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

Note

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

Authority required

Continuing PBS-subsidised treatment, as monotherapy or in combination with dexamethasone, of multiple myeloma in a patient who has previously been issued with an authority prescription for lenalidomide and who does not have progressive disease.

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).

Authority applications for continuing treatment may be made by telephone to Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note

Patients receiving lenalidomide under the PBS listing must be registered in the i-access risk management program.

Note

Special Pricing Arrangements apply.

5783J	Capsule 5 mg	21	..	..	5392.38	Revlimid	CJ
5784K	Capsule 10 mg	21	..	..	5643.33	Revlimid	CJ
5785L	Capsule 15 mg	21	..	..	6581.61	Revlimid	CJ
5786M	Capsule 25 mg	21	..	..	6934.20	Revlimid	CJ

RITUXIMAB

Note

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

Further prescribing information (including Authority Application Forms) is on the Medicare Australia website at www.medicareaustralia.gov.au.

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

Medicare Australia
 Prior Written Approval of Specialised Drugs
 Reply Paid 9826

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

GPO Box 9826
HOBART TAS 7001;

Note

TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological disease modifying anti-rheumatic drugs (bDMARDs) for adults with severe active rheumatoid arthritis. Where the term bDMARD appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab) and the T-cell co-stimulation modulator (abatacept).

Patients are eligible for PBS-subsidised treatment with only 1 of the above biological disease modifying anti-rheumatic drugs at any 1 time.

PBS-subsidised abatacept, golimumab, infliximab and rituximab must be used in combination with methotrexate at a dose of at least 7.5 mg weekly. Where a patient cannot tolerate 7.5 mg of methotrexate weekly, they are eligible to receive PBS-subsidised adalimumab, certolizumab pegol, etanercept and tocilizumab.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised bDMARD therapy may swap to an alternate bDMARD without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised bDMARD while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised bDMARD more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised bDMARDs for the treatment of rheumatoid arthritis.

For patients who have failed PBS-subsidised treatment with 2 or 3 TNF-alfa antagonists prior to 1 August 2010 please contact Medicare Australia on 1800 700 270.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has a break in therapy of less than 24 months may commence a further course of treatment with a bDMARD without having to requalify under the Initial 1 treatment restriction. A patient who has failed fewer than 5 bDMARDs and who has had a break in therapy of longer than 24 months must requalify for treatment under the Initial 1 treatment restriction.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised bDMARD treatment is stopped to the date of the new application for treatment with a bDMARD.

(1) How to prescribe PBS-subsidised bDMARD therapy after 1 August 2010.

(a) Initial treatment.

Applications for initial treatment should be made where:

- (i) a patient has received no prior PBS-subsidised bDMARD treatment and wishes to commence such therapy, excluding rituximab (Initial 1); or
- (ii) a patient wishes to re-commence treatment with a bDMARD following a break in PBS-subsidised therapy of more than 24 months (Initial 1); or
- (iii) a patient has received prior PBS-subsidised (initial or continuing) bDMARD therapy and wishes to trial an alternate agent (Initial 2) [further details are under 'Swapping therapy' below]; or
- (iv) a patient wishes to re-commence treatment with a specific bDMARD following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2).

Initial applications for new or re-commencing patients (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, etanercept, golimumab and tocilizumab, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab and 2 infusions of rituximab.

A patient must be assessed for response to any course of initial PBS-subsidised treatment (excluding rituximab) following a minimum of 12 weeks of therapy and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients must be assessed following a minimum of 12 weeks after the first infusion, and this assessment must be submitted to Medicare Australia within 4 weeks.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

For second and subsequent courses of PBS-subsidised bDMARD (excluding rituximab) treatment it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is submitted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

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					Max. Qty \$	

Abatacept patients:

Patients are eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. For these patients two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription for the pre-filled syringes, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Rituximab patients:

A further application may be submitted to Medicare Australia 24 weeks after the first infusion. New baselines may be submitted with this application if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific bDMARD (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing bDMARD treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted bDMARD supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia no later than 4 weeks from the date that course was ceased.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with that bDMARD.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised bDMARD is approved, a patient may swap to an alternate bDMARD without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non-bDMARD therapy requirements, except if the patient has had a break in therapy of more than 24 months. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each bDMARD trialled.

Patients who are not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent.

A patient may trial an alternate bDMARD at any time, regardless of whether they are receiving therapy (initial or continuing) with a bDMARD at the time of the application. However, they cannot swap to a particular bDMARD if they have failed to respond to prior treatment with that drug.

Abatacept patients:

Patients swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological agent during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate bDMARD. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate bDMARD may do so without having to have any treatment-free period.

To avoid confusion, an application for a patient who wishes to swap to an alternate bDMARD should be accompanied by the approved authority prescription or remaining repeats for the bDMARD the patient is ceasing.

Note

(3) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a bDMARD. However, prescribers may provide new baseline measurements any

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					\$	

time that an initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be provided for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be provided to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints.

Except as specified under the Initial 1 treatment restriction, a baseline joint count and ESR and/or CRP should be performed whilst the patient is still on treatment or within 1 month of ceasing prior treatment. Applications under the Initial 1 treatment restriction for new or re-commencing patients must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy.

Authority required

Initial 1 (patient re-commencing after a break of more than 24 months)

Initial PBS-subsidised treatment with rituximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have severe active rheumatoid arthritis; and
- (b) have failed to respond to at least 1 PBS-subsidised TNF-alfa antagonist; and
- (c) have received no PBS-subsidised treatment with a bDMARD for this condition in the previous 24 months; and
- (d) have failed, in the 24 months immediately prior to the date of application, to achieve an adequate response to at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs), which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be:
 - hydroxychloroquine at a dose of at least 200 mg daily; or
 - leflunomide at a dose of at least 10 mg daily; or
 - sulfasalazine at a dose of at least 2 g daily.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, then the 6 months of intensive DMARD treatment must include at least 3 months continuous treatment with each of at least 2 of the DMARDs:

- hydroxychloroquine at a dose of at least 200 mg daily; and/or
- leflunomide at a dose of at least 10 mg daily; and/or
- sulfasalazine at a dose of at least 2 g daily.

The application must include details of the contraindication or intolerance to methotrexate. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose can be found on the Medicare Australia website [www.medicareaustralia.gov.au]. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

If 3 or more of methotrexate, hydroxychloroquine, leflunomide and sulfasalazine are contraindicated according to the relevant TGA-approved product information or cannot be tolerated at the doses specified above, then one or more of the following DMARDs may be used in place of these agents in order to satisfy the requirement for a trial of 6 months of intensive DMARD therapy with at least 2 DMARDs taken continuously for at least 3 months each:

- azathioprine at a dose of at least 1 mg/kg per day; and/or
- cyclosporin at a dose of at least 2 mg/kg/day; and/or
- sodium aurothiomalate at a dose of 50 mg weekly.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances. Details of the toxicities, including severity, which will be accepted as a reason for substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application. Details of the toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application: an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L;

AND either

- (i) a total active joint count of at least 20 active (swollen and tender) joints; or
- (ii) at least 4 active joints from the following list of major joints:
 - elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

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— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)]; and
- (3) a signed patient acknowledgement.

A maximum of two infusions will be authorised under this restriction.

Assessment of a patient's response to an initial course of treatment must be made at least 12 weeks after the first infusion so that there is adequate time for a response to be demonstrated. This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia within 4 weeks of the date it was conducted.

Where a response assessment is not undertaken and submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with rituximab.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

Patients who fail to demonstrate a response to treatment with rituximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Patients who fail to demonstrate a response to rituximab treatment and who qualify to trial an alternate bDMARD according to the interchangeability arrangements for bDMARDs for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

Authority required

Initial 2 (change or re-commencement after break of less than 24 months)

Initial course of PBS-subsidised treatment with rituximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults who:

- (a) have a documented history of severe active rheumatoid arthritis; and
- (b) have failed to respond to at least 1 PBS-subsidised TNF-alfa antagonist; and
- (c) have received prior PBS-subsidised bDMARD treatment for this condition and are eligible to receive further bDMARD therapy.

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

Applications for patients who have received PBS-subsidised treatment with rituximab and who wish to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised rituximab treatment, within the timeframes specified below.

A maximum of two infusions will be authorised under this restriction.

Where the most recent course of PBS-subsidised rituximab treatment was approved under either of the initial 1 or 2 treatment restrictions patients must be assessed for response at least 12 weeks after the first infusion. This assessment must be provided to Medicare Australia no later than 4 weeks from the date of assessment.

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent provided they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The demonstration of response must be submitted to Medicare Australia within 4 weeks of assessment.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

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					Max. Qty \$	

Patients who fail to demonstrate a response to treatment with rituximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Patients who fail to demonstrate a response to rituximab treatment and who qualify to trial an alternate bDMARD according to the interchangeability arrangements for bDMARDs for the treatment of severe rheumatoid arthritis, may do so without having to have a 22 week treatment-free period.

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with rituximab, in combination with methotrexate at a dose of at least 7.5 mg weekly, by a rheumatologist or clinical immunologist with expertise in the management of rheumatoid arthritis, of adults:

- (a) who have a documented history of severe active rheumatoid arthritis; and
- (b) who have demonstrated an adequate response to treatment with rituximab; and
- (c) whose most recent course of PBS-subsidised bDMARD treatment was with rituximab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

— elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

— shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form [may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)].

A maximum of two infusions will be authorised under this restriction.

Patients may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The demonstration of response must be submitted to Medicare Australia within 4 weeks of assessment.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

Patients who fail to demonstrate a response to treatment with rituximab under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note

Special Pricing Arrangements apply.

9544H	Solution for I.V. infusion 500 mg in 50 mL	1	2263.57	Mabthera	RO
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THALIDOMIDE

Caution

Thalidomide is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and for 1 month after cessation of treatment.

Authority required (STREAMLINED)

3342

Multiple myeloma.

Note

Patients receiving thalidomide under the PBS listing must be registered in the i-access risk management program.

9566L	Capsule 50 mg	112	..	..	*1680.00	Thalomid	CJ
9667T	Capsule 100 mg	56	..	..	*1680.00	Thalomid	CJ

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
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Musculo-skeletal system

Muscle relaxants

Muscle relaxants, centrally acting agents

Other centrally acting agents

BACLOFEN

Authority required (STREAMLINED)

3318

Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity of cerebral origin;

3319

Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity due to multiple sclerosis;

3320

Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity due to spinal cord injury;

3321

Severe chronic spasticity, where oral antispastic agents have failed or have caused unacceptable side effects, in patients with chronic spasticity due to spinal cord disease.

5617P	Intrathecal injection 10 mg in 5 mL	10	*1483.70	Lioresal Intrathecal	NV
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Drugs for treatment of bone diseases

Drugs affecting bone structure and mineralization

Bisphosphonates

DISODIUM PAMIDRONATE

Authority required (STREAMLINED)

3341

Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

Note

Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 15 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 15 mg are equivalent for the purposes of substitution.

5667G	Concentrated injection 15 mg in 5 mL	4	2	..	*209.92 ^a	Pamisol	HH
5701C	Injection set containing 4 vials powder for I.V. infusion 15 mg and 4 ampoules solvent 5 mL	1	2	..	209.91 ^a	Aredia 15 mg	NV

DISODIUM PAMIDRONATE

Authority required (STREAMLINED)

3341

Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

Note

Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 30 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 30 mg are equivalent for the purposes of substitution.

5668H	Concentrated injection 30 mg in 10 mL	2	2	..	*209.92 ^a	Pamisol	HH
5702D	Injection set containing 2 vials powder for I.V. infusion 30 mg and 2 ampoules solvent 10 mL	1	2	..	209.91 ^a	Aredia 30 mg	NV

DISODIUM PAMIDRONATE

Authority required (STREAMLINED)

3341

Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.

5669J	Concentrated injection 60 mg in 10 mL	1	2	..	209.90	Pamisol	HH
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HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
DISODIUM PAMIDRONATE						
<u>Authority required (STREAMLINED)</u>						
3341						
Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.						
<u>Authority required (STREAMLINED)</u>						
3342						
Multiple myeloma;						
3343						
Bone metastases from breast cancer.						
<u>Note</u>						
Pharmaceutical benefits that have the form disodium pamidronate powder for I.V. infusion 90 mg (after reconstitution) and pharmaceutical benefits that have the form disodium pamidronate concentrated injection 90 mg are equivalent for the purposes of substitution.						
5670K	Concentrated injection 90 mg in 10 mL	1	11	..	314.85 ^a	Pamisol HH
5703E	Injection set containing 1 vial powder for I.V. infusion 90 mg and 1 ampoule solvent 10 mL	1	11	..	314.85 ^a	Aredia 90 mg NV
IBANDRONIC ACID						
<u>Authority required (STREAMLINED)</u>						
3343						
Bone metastases from breast cancer.						
5750P	Concentrated injection for I.V. infusion 6 mg (as ibandronate sodium monohydrate) in 6 mL	1	11	..	341.36	Bondronat HH
ZOLEDRONIC ACID						
<u>Authority required (STREAMLINED)</u>						
3342						
Multiple myeloma;						
3343						
Bone metastases from breast cancer;						
3882						
Bone metastases from hormone-resistant prostate cancer;						
3341						
Treatment of hypercalcaemia of malignancy refractory to anti-neoplastic therapy.						
<u>Note</u>						
Special Pricing Arrangements apply.						
9653C	Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL	1	11	..	450.00	Zometa NV

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
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Nervous system

Anti-Parkinson drugs

Dopaminergic agents

Dopa and dopa derivatives

LEVODOPA with CARBIDOPA

Authority required (STREAMLINED)

3704

Management of advanced Parkinson disease in a patient with severe disabling motor fluctuations not adequately controlled by oral therapy.

Treatment must be commenced in a hospital-based movement disorder clinic.

Note

Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

A positive clinical response to Duodopa administered via a temporary nasoduodenal tube should be confirmed before a permanent percutaneous endoscopic gastrostomy (PEG) tube is inserted.

9743T	Intestinal gel 20 mg-5 mg per mL, 100 mL	56	5	..	*11536.00	Duodopa	AB
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Dopamine agonists

APOMORPHINE HYDROCHLORIDE

Authority required (STREAMLINED)

3314

Parkinson's disease in patients severely disabled by motor fluctuations which do not respond to other therapy.

5609F	Injection 20 mg in 2 mL	5	..	..	77.86	Apomine	HH
5610G	Injection 50 mg in 5 mL	5	..	..	194.65	Apomine	HH
5611H	Solution for subcutaneous infusion 50 mg in 10 mL pre-filled syringe	5	..	..	194.65	Apomine PFS	HH

Psycholeptics

Antipsychotics

Diazepines, oxazepines, thiazepines and oxepines

CLOZAPINE

Authority required (STREAMLINED)

3326

Schizophrenia in patients who are non-responsive to other neuroleptic agents;

3327

Schizophrenia in patients who are intolerant of other neuroleptic agents.

5626D	Tablet 50 mg	100	..	..	91.06	Clopine 50	HH
5627E	Tablet 200 mg	100	..	..	341.44	Clopine 200	HH
5628F	Tablet 25 mg	100	..	..	45.52	^a Clopine 25	HH
						^a Clozaril 25	NV
5629G	Tablet 100 mg	100	..	..	170.72	^a Clopine 100	HH
						^a Clozaril 100	NV
5630H	Oral liquid 50 mg per mL, 100 mL	1	..	..	135.00	Clopine Suspension	HH

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Respiratory system

Drugs for obstructive airway diseases

Other systemic drugs for obstructive airway diseases

Other systemic drugs for obstructive airway diseases

OMALIZUMAB

Note

Any queries concerning the arrangements to prescribe omalizumab 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.

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

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

Note

TREATMENT OF ADULT AND ADOLESCENT PATIENTS WITH UNCONTROLLED SEVERE ALLERGIC ASTHMA

Patients are eligible to commence an 'omalizumab treatment cycle' (initial treatment course with or without continuing treatment course/s) if they satisfy the eligibility criteria as detailed under the initial treatment restriction.

Once a patient has either failed to achieve or maintain a response to omalizumab, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 6 month break in PBS-subsidised omalizumab therapy before they are eligible to commence the next cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised omalizumab treatment is stopped to the date of the first application for initial treatment with omalizumab under the new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised omalizumab therapy.

(a) Initial treatment.

Applications for initial treatment should be made where a patient has received no prior PBS-subsidised omalizumab treatment in this treatment cycle and wishes to commence such therapy.

Initial treatment authorisations will be limited to provide for a maximum of 28 weeks of therapy with omalizumab.

A patient must be assessed for response to a course of Initial PBS-subsidised treatment following a minimum of 24 weeks of therapy with omalizumab, and this assessment must be submitted to Medicare Australia no later than 4 weeks from the date of assessment.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with omalizumab.

For second and subsequent courses of PBS-subsidised omalizumab treatment, it is recommended that a patient is reviewed in the month prior to completing their current course of treatment and that an application is posted to Medicare Australia no later than 2 weeks prior to the patient completing their current treatment course.

(b) Continuing treatment.

Following the completion of the initial treatment course with omalizumab, a patient may qualify to receive up to a further 24 weeks of continuing treatment with omalizumab providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing omalizumab treatment in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the month prior to completing their current course of treatment to ensure uninterrupted omalizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be submitted to Medicare Australia within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply.

Where a response assessment is not submitted to Medicare Australia within these timeframes, the patient will be deemed to have failed to respond to treatment with omalizumab.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

(2) Baseline measurements to determine response.

Medicare Australia will determine whether a response to treatment has been demonstrated based on the baseline measurements of the Asthma Control Questionnaire (ACQ; 5 item version) and oral corticosteroid dose, submitted with the Initial authority application for omalizumab. However, prescribers may provide new baseline measurements when a new Initial treatment authority application is submitted and Medicare Australia will assess response according to these revised baseline measurements.

(3) Re-commencement of treatment after a 6 month break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised omalizumab therapy of at least 6 months, must re-qualify for initial treatment with respect to the indices of disease severity (oral corticosteroid dose, Asthma Control Questionnaire (ACQ-5) score, and relevant exacerbation history). Patients must have received optimised standard therapy, at adequate doses and for the minimum period specified, immediately prior to the time the new baseline assessments are performed.

(4) Patients 'grandfathered' onto PBS-subsidised treatment with omalizumab.

A patient who commenced treatment with omalizumab for uncontrolled severe allergic asthma prior to 1 November 2010 and who continues to receive treatment at the time of application, may qualify for treatment under the Initial 'grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this criterion once. A maximum of 24 weeks of treatment with omalizumab will be authorised under this criterion.

Following completion of the Initial PBS-subsidised course, further applications for treatment with omalizumab will be assessed under the continuing treatment restriction.

'Grandfather' arrangements will only apply for the first treatment cycle (initial treatment course with or without continuing treatment course/s). For the second and subsequent cycles, a 'Grandfathered' patient must re-qualify for Initial treatment under the criteria that apply to a new patient. See 'Re-commencement of treatment after a 6 month break in PBS-subsidised therapy' above for further details.

(5) Monitoring of patients.

Anaphylaxis and anaphylactoid reactions have been reported following first or subsequent administration of omalizumab (see Product Information). Patients should be monitored post-injection, and medications for the treatment of anaphylactic reactions should be available for immediate use following administration of omalizumab. Patients should be informed that such reactions are possible and prompt medical attention should be sought if allergic reactions occur.

Authority required

Initial treatment of uncontrolled severe allergic asthma

Initial PBS-subsidised treatment with omalizumab by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, of a patient aged 12 years or older with uncontrolled severe allergic asthma who has been under the care of this physician for at least 12 months, and satisfies the following criteria:

(a) has a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by standard clinical features, including:

- (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or
- (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or
- (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; and

(b) duration of asthma of at least 1 year; and

(c) FEV1 less than or equal to 80% predicted, documented on 3 or more occasions in the previous 12 months; and

(d) past or current evidence of atopy, documented by skin prick testing or RAST; and

(e) total serum human immunoglobulin E (IgE) greater than or equal to 76 IU/mL; and

(f) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment; and

(g) has failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented (see NOTE). Optimised asthma therapy includes:

- (i) adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (budesonide 1600 micrograms per day or fluticasone propionate 1000 micrograms per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 micrograms bd or formoterol 12 micrograms bd) for at least 12 months, unless contraindicated or not tolerated, AND
- (ii) oral corticosteroids (at least 10 mg per day prednisolone (or equivalent)) for at least 6 weeks, unless contraindicated or not tolerated.

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the authority application. Details of the accepted toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The initial IgE assessment must be no more than 12 months old at the time of application. A re-assessment of free IgE can only be made at least 12 months after the last dose of omalizumab. For patients re-commencing omalizumab within 12 months of the last dose the previous pre-omalizumab IgE level should be used.

The IgE pathology report must be provided with the authority application.

The following initiation criteria indicate failure to achieve adequate control and must be demonstrated in all patients at the time of the application:

- (a) an Asthma Control Questionnaire (ACQ-5) score of at least 2.0, as assessed in the previous month, AND
- (b) while on oral corticosteroids and in the past 12 months, experienced at least 1 admission to hospital for a severe asthma exacerbation, OR 1 severe asthma exacerbation, requiring documented use of systemic corticosteroids (oral corticosteroids initiated or increased for at least 3 days, or parenteral corticosteroids) prescribed/supervised by a physician.

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Allergic Asthma PBS Authority Application - Supporting Information Form (may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)) which includes the following:
 - (i) details of prior optimised asthma drug therapy (dosage, date of commencement and duration of therapy); and
 - (ii) details of severe exacerbation/s experienced while on oral corticosteroids (date and treatment); and
 - (iii) the signed patient acknowledgement; and
- (c) a completed Asthma Control Questionnaire (ACQ-5) calculation sheet including the date of assessment of the patient's symptoms. (For copies of the ACQ please contact Novartis Medical Information on 1800 671 203 or medinfo.phauno@novartis.com)

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information) to be administered every 2 or 4 weeks.

Where fewer than the required number of repeats to complete 28 weeks of treatment are requested at the time of the application, authority approvals for sufficient repeats to complete 28 weeks of omalizumab therapy may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 28 weeks.

The Asthma Control Questionnaire (5 item version) assessment of the patient's response to this initial course of treatment, and the assessment of oral corticosteroid dose, must be made at around 24 to 26 weeks after the first dose so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted to Medicare Australia within this timeframe, the patient will be deemed to have failed to respond to treatment with omalizumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 24 to 26 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.

Note

Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.medicareaustralia.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Authority required

Continuing treatment

Continuing PBS-subsidised treatment with omalizumab, by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, of a patient who:

- (a) has a documented history of severe allergic asthma; and
- (b) has demonstrated or sustained an adequate response to treatment with omalizumab.

An adequate response to omalizumab treatment is defined as:

- (a) a reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 0.5 from baseline, OR
- (b) maintenance oral corticosteroid dose reduced by at least 25% from baseline, and no deterioration in ACQ-5 score from baseline.

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Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Allergic Asthma PBS Authority Application - Supporting Information Form (may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)) which includes details of maintenance oral corticosteroid dose; and
- (c) a completed Asthma Control Questionnaire (ACQ-5) calculation sheet including the date of assessment of the patient's symptoms. (For copies of the ACQ please contact Novartis Medical Information on 1800 671 203 or medinfo.phauno@novartis.com)

All applications for continuing treatment with omalizumab must include a measurement of response to the prior course of therapy. The Asthma Control Questionnaire (5 item version) assessment of the patient's response to the prior course of treatment, and the assessment of oral corticosteroid dose, must be made at around 20 to 22 weeks after the first dose so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed.

The first assessment should, where possible, be completed by the same physician who initiated treatment with omalizumab. If the same physician cannot assess the patient please call Medicare Australia on 1800 700 270.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted to Medicare Australia within this timeframe, the patient will be deemed to have failed to respond to treatment with omalizumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 20 to 22 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

Patients are eligible to receive continuing courses of omalizumab treatment of up to 24 weeks providing they continue to demonstrate an adequate response to treatment.

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for a continuing course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information), sufficient for 24 weeks of therapy.

Where fewer than the required number of repeats to complete 24 weeks of treatment are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks of omalizumab therapy may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.

Authority required

Initial PBS-subsidised treatment of severe allergic asthma in a patient who has previously received non-PBS-subsidised therapy with omalizumab (grandfather patients)

Initial PBS-subsidised supply for continuing treatment with omalizumab by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, of a patient aged 12 years or older with severe allergic asthma who satisfies the following criteria:

- (a) has a diagnosis of asthma confirmed and documented by a respiratory physician, clinical immunologist, allergist or general physician experienced in the management of patients with severe asthma, defined by standard clinical features, including:
 - (i) forced expiratory volume (FEV1) reversibility greater than or equal to 12% and greater than or equal to 200 mL at baseline within 30 minutes after administration of salbutamol (200 to 400 micrograms), or
 - (ii) airway hyperresponsiveness defined as a greater than 20% decline in FEV1 during a direct bronchial provocation test or greater than 15% decline during an indirect bronchial provocation test, or
 - (iii) peak expiratory flow (PEF) variability of greater than 15% between the two highest and two lowest peak expiratory flow rates during 14 days; and
- (b) duration of asthma of at least 1 year; and
- (c) past or current evidence of atopy, documented by skin prick testing or RAST; and
- (d) has signed a patient acknowledgement indicating they understand and acknowledge that PBS-subsidised treatment will cease if they do not meet the predetermined response criteria for ongoing PBS-subsidised treatment, as outlined in the restriction for continuing treatment for grandfathered patients; and
- (e) prior to omalizumab therapy had failed to achieve adequate control with optimised asthma therapy. Optimised asthma therapy includes:
 - (i) adherence to maximal inhaled therapy, including high dose inhaled corticosteroid (budesonide 1600 micrograms per day or fluticasone propionate 1000 micrograms per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 micrograms bd or formoterol 12 micrograms bd) for at least 12 months, and
 - (ii) may have included maintenance dose oral corticosteroids; and

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					\$	

(f) has demonstrated an adequate response to treatment with omalizumab.

A review of the patient's records should be conducted to extract pre- and post-omalizumab data on symptoms, quality of life, medication doses, exacerbations and hospitalisations. Examples of parameters to establish response include:

- (i) a reduction in Asthma Control Questionnaire (ACQ-5) score of at least 0.5;
- (ii) an improvement of at least 0.5 in the Asthma Quality of Life Questionnaire (AQLQ or mini-AQLQ);
- (iii) maintenance oral corticosteroid dose reduced by at least 25% from baseline; and/or
- (iv) a reduction in the number of hospitalisations or severe exacerbations requiring use of systemic corticosteroids, compared to the 12 months prior to commencement of omalizumab.

Where baseline assessments are not available, please call Medicare Australia on 1800 700 270 to discuss.

If the requirement for treatment with optimised asthma therapy cannot be met because of contraindications according to the relevant TGA-approved Product Information and/or intolerances of a severity necessitating permanent treatment withdrawal, details of the contraindication and/or intolerance must be provided in the authority application. Details of the accepted contraindications and toxicities, including severity, which will be accepted for the purposes of exempting a patient from the requirement of treatment with optimised asthma therapy can be found on the Medicare Australia website [www.medicareaustralia.gov.au].

The authority application must be made in writing and must include:

- (a) a completed authority prescription form; and
- (b) a completed Severe Allergic Asthma PBS Authority Application - Supporting Information Form (may be downloaded from the Medicare Australia website (www.medicareaustralia.gov.au)) which includes the following:
 - (i) details of prior optimised asthma drug therapy (dosage, date of commencement and duration of therapy); and
 - (ii) details of pre- and post-omalizumab data on symptoms, quality of life, medication doses, exacerbations and hospitalisations; and
 - (iii) the signed patient acknowledgement.

At the time of the authority application, medical practitioners should request the appropriate maximum quantity and number of repeats to provide for an initial course of omalizumab consisting of the recommended number of doses for the baseline IgE level and body weight of the patient (refer to the TGA-approved Product Information) to be administered every 2 or 4 weeks.

Where fewer than the required number of repeats to complete 24 weeks of treatment are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks of omalizumab therapy may be requested by telephone by contacting Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday). Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period beyond 24 weeks.

An assessment of the patient's continued response to this course of PBS-subsidised treatment must be made at around 20 to 22 weeks after the first dose so that there is adequate time for a response to be demonstrated and for the application for continuing therapy to be processed. The same parameters used to establish response to non-PBS-subsidised therapy with omalizumab should be used for the assessment.

This assessment, which will be used to determine eligibility for continuing treatment, must be submitted to Medicare Australia within 4 weeks of the date of assessment, and no later than 2 weeks prior to the patient completing their current treatment course, to avoid an interruption to supply. Where a response assessment is not undertaken and submitted to Medicare Australia within this timeframe, the patient will be deemed to have failed to respond to treatment with omalizumab.

It is recommended that an application for continuing treatment is posted to Medicare Australia at the time of the 20 to 22 week assessment, to ensure continuity of treatment for those patients who meet the continuation criterion for PBS-subsidised omalizumab treatment.

Patients are eligible to receive continuing courses of omalizumab treatment of up to 24 weeks providing they continue to demonstrate an adequate response to treatment.

Patients may qualify for PBS-subsidised treatment under this restriction once only.

A patient who fails to respond to a course of PBS-subsidised omalizumab for the treatment of uncontrolled severe allergic asthma will not be eligible to receive further PBS-subsidised treatment with omalizumab for this condition within 6 months of the date on which treatment was ceased.

Note

Special Pricing Arrangements apply.

9745X	Powder for injection 150 mg with diluent	1	425.00	Xolair	NV
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HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed	Brand Name and Manufacturer
					Price for Max. Qty \$	

Cough and cold preparations

Expectorants, excl. combinations with cough suppressants

Mucolytics

DORNASE ALFA

Authority required (STREAMLINED)

3344

Use by cystic fibrosis patients who satisfy all of the following criteria:

- (1) are 5 years of age or older;
- (2) have a FVC greater than 40% predicted for age, gender and height;
- (3) have evidence of chronic suppurative lung disease (cough and sputum most days of the week, or greater than 3 respiratory tract infections of more than 2 weeks' duration in any 12 months, or objective evidence of obstructive airways disease);
- (4) are participating in a 4 week trial as detailed below or have achieved a 10% or greater improvement in FEV1 (compared to baseline established prior to dornase alfa treatment) after a 4 week trial.

In order for patients to be eligible for participation in the HSD program, the following conditions must be met:

- (1) Patients must be assessed at cystic fibrosis clinics/centres which are under the control of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis and the prescribing of dornase alfa under the HSD program is limited to such physicians. If attendance at such units is not possible because of geographical isolation, management (including prescribing) may be by specialist physician or paediatrician in consultation with such a unit;
- (2) The measurement of lung function is to be conducted by independent (other than the treating doctor) experienced personnel at established lung function testing laboratories, unless this is not possible because of geographical isolation;
- (3) Prior to dornase alfa therapy, a baseline measurement of FEV1 must be undertaken during a stable period of the disease;
- (4) Initial therapy is limited to 4 weeks' treatment with dornase alfa at a dose of 2.5 mg daily;
- (5) At or towards the end of the initial 4 weeks' trial, patients must be reassessed and a further FEV1 measurement be undertaken (single test under conditions as above). Patients who achieve a 10% or greater improvement in FEV1 (compared to baseline established prior to dornase alfa treatment) are eligible for continued subsidy under the HSD program at a dose of 2.5 mg daily;
- (6) Patients who fail to meet a 10% or greater improvement in FEV1 after the initial 4 weeks' treatment at a dose of 2.5 mg daily, may have 1 further trial in the next 12 months but not before 3 months after the initial trial;
- (7) Following an initial 6 months' therapy, a global assessment must be undertaken involving the patient, the patient's family (in the case of paediatric patients) and the treating physician(s) to establish that all agree that dornase alfa treatment is continuing to produce worthwhile benefits. (Dornase alfa therapy should cease if there is not general agreement of benefit as there is always the possibility of harm from unnecessary use.) Further reassessments are to be undertaken at six-monthly intervals;
- (8) Other aspects of treatment, such as physiotherapy, must be continued;
- (9) Where there is documented evidence that a patient already receiving dornase alfa therapy would have met the criteria for subsidy (i.e. satisfied the criteria for the 4 week trial and achieved a 10% or greater improvement in FEV1) then the patient is eligible to continue treatment under the HSD program. Where such evidence is not available, patients will need to satisfy the initiation and continuation criteria as for new patients. (Four weeks is considered a suitable wash-out period).

Note

It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.

Authority required (STREAMLINED)

3345

Treatment of cystic fibrosis in a patient less than 5 years of age who has:

- (1) A severe clinical course with frequent respiratory exacerbations or chronic respiratory symptoms (including chronic or recurrent cough, wheeze or tachypnoea) requiring frequent hospital admissions more frequently than 3 times per year; or
- (2) Significant bronchiectasis on chest high resolution computed tomography scan; or
- (3) Severe cystic fibrosis bronchiolitis with persistent wheeze non-responsive to conventional medicines; or
- (4) Severe physiological deficit measure by forced oscillation technique or multiple breath nitrogen washout and failure to respond to conventional therapy.

In order for the patient to be eligible for participation in the HSD program, the following conditions must be met:

- (1) The patient must be assessed at a cystic fibrosis clinic/centre which is under the supervision of specialist respiratory physicians with experience and expertise in the management of cystic fibrosis, and the prescribing of dornase alfa under the HSD program is limited to such physicians. If attendance at such a unit is not possible because of geographical isolation, management (including prescribing) may be by specialist physician or paediatrician in consultation with such a unit;
- (2) Following an initial 6 months therapy, a comprehensive assessment must be undertaken and documented involving the patient, the patient's family, the treating physician and an additional independent member of the cystic fibrosis treatment team to establish agreement that dornase alfa treatment is continuing to produce worthwhile benefit. Treatment with dornase alfa should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use. Further reassessments are to be undertaken and documented yearly.

Note

It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.

Authority required (STREAMLINED)

3346

Grandfather — continuing for patients five years or older

Continuation of treatment of cystic fibrosis in a patient 5 years of age or older, who initiated treatment with dornase alfa at an age of less than 5

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for	Brand Name and Manufacturer
					Max. Qty \$	

years and for whom a comprehensive assessment, involving the patient's family, the treating physician and an additional independent member of the cystic fibrosis treatment team, documents agreement that dornase alfa treatment is continuing to produce worthwhile benefit. Further reassessments are to be undertaken and documented yearly. Treatment with dornase alfa should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.

Note

It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.

Authority required (STREAMLINED)

3347

Grandfather — for patients less than five years of age who initiated dornase alfa prior to listing

Treatment of cystic fibrosis in a patient less than 5 years of age who initiated treatment with dornase alfa prior to 1 November 2009 and for whom a comprehensive assessment, involving the patient's family, the treating physician and an additional independent member of the cystic fibrosis treatment team, documents agreement that dornase alfa treatment is continuing to produce worthwhile benefit. Further reassessments are to be undertaken and documented yearly. Treatment with dornase alfa should cease if there is not agreement of benefit as there is always the possibility of harm from unnecessary use.

Note

It is highly desirable that all patients be included in the national cystic fibrosis patient data-base.

5704F	Solution for inhalation 2.5 mg (2,500 units) in 2.5 mL	60	5	..	*2360.00	Pulmozyme	RO
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HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty	Brand Name and Manufacturer
					\$	

Sensory organs

Ophthalmologicals

Antiinfectives

Antivirals

GANCICLOVIR

Authority required (STREAMLINED)

3379

Cytomegalovirus retinitis in severely immunocompromised patients.

5748M	Intravitreal implant 4.5 mg	1	6000.00	Vitrasert	BU
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HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer	
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Various

All other therapeutic products

All other therapeutic products

Iron chelating agents

DEFERASIROX

Authority required (STREAMLINED)

3828

Chronic iron overload in patients with disorders of erythropoiesis.

Note

Special Pricing Arrangements apply.

5654N	Tablet 125 mg (dispersible)	168	5	..	*1401.48	Exjade	NV
5655P	Tablet 250 mg (dispersible)	168	5	..	*2802.90	Exjade	NV
5656Q	Tablet 500 mg (dispersible)	168	5	..	*5605.80	Exjade	NV

DEFERIPRONE

Authority required (STREAMLINED)

3338

Iron overload in patients with thalassaemia major who are unable to take desferrioxamine therapy;

3339

Iron overload in patients with thalassaemia major in whom desferrioxamine therapy has proven ineffective.

5657R	Tablet 500 mg	600	5	..	*2703.36	Ferriprox	OA
5658T	Oral solution 100 mg per mL, 250 mL	5	5	..	*1126.40	Ferriprox	OA

DEFERRIOXAMINE MESYLATE

Authority required (STREAMLINED)

3340

Disorders of erythropoiesis associated with treatment-related chronic iron overload.

5661Y	Powder for injection 2 g	60	5	..	*2235.00	^a Hospira Pty Limited	HH
				^B 22.80	*2257.80	^a Desferal 2 g	NV
5662B	Powder for injection 500 mg	400	5	..	*3725.60	^a Hospira Pty Limited	HH
				^B 308.80	*4034.40	^a Desferal 500 mg	NV

Drugs for treatment of hyperkalemia and hyperphosphatemia

LANTHANUM

Authority required (STREAMLINED)

3390

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L at the commencement of therapy.

Management includes initiation, stabilisation and review of therapy as required;

3391

Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0 at the commencement of therapy.

Management includes initiation, stabilisation and review of therapy as required.

Note

Not to be used in combination with sevelamer.

5780F	Tablet, chewable, 500 mg (as carbonate hydrate)	180	5	..	*523.54	Fosrenol	ZI
5781G	Tablet, chewable, 750 mg (as carbonate hydrate)	180	5	..	*790.56	Fosrenol	ZI
5782H	Tablet, chewable, 1000 mg (as carbonate hydrate)	180	5	..	*890.02	Fosrenol	ZI

HIGHLY SPECIALISED DRUGS PROGRAM (Public Hospital)

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium \$	Dispensed Price for Max. Qty \$	Brand Name and Manufacturer
SEVELAMER HYDROCHLORIDE						
<u>Authority required (STREAMLINED)</u>						
3390						
Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where serum phosphate is greater than 1.6 mmol per L at the commencement of therapy.						
Management includes initiation, stabilisation and review of therapy as required;						
3391						
Management of hyperphosphataemia in a patient with chronic kidney disease on dialysis whose serum phosphate is not controlled on calcium and where the serum calcium times phosphate product is greater than 4.0 at the commencement of therapy.						
Management includes initiation, stabilisation and review of therapy as required.						
<u>Note</u>						
Not to be used in combination with lanthanum.						
9546K	Tablet 800 mg	360	5	..	*620.00	Renagel GZ

SECTION 100 (BOTULINUM TOXIN PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex manufacture r \$		Brand Name and Manufacturer

BOTULINUM TOXIN TYPE A PURIFIED NEUROTOXIN COMPLEX

Note

Arrangements to prescribe this item should be made by medical practitioners with Medicare Australia, contact telephone number 1800 700 270.

Criteria for availability

Treatment of blepharospasm or hemifacial spasm in a patient 12 years or older;

Treatment of dynamic equinus foot deformity due to spasticity in an ambulant paediatric cerebral palsy patient aged from 2 to 17 years inclusive;

Continuing PBS-subsidised treatment of dynamic equinus foot deformity due to spasticity in an ambulant cerebral palsy patient 18 years of age or older who was commenced on PBS-subsidised treatment with botulinum toxin type A purified neurotoxin complex as a paediatric patient;

Treatment of spasmodic torticollis, either as monotherapy or as adjunctive therapy to current standard care.

Criteria for availability

Treatment of moderate to severe spasticity of the upper limb in a cerebral palsy patient aged from 2 to 17 years inclusive;

Continuing PBS-subsidised treatment of moderate to severe spasticity of the upper limb in a cerebral palsy patient 18 years of age or older who was commenced on PBS-subsidised treatment with botulinum toxin type A purified neurotoxin complex as a paediatric patient.

Note

Contact Medicare Australia before commencing PBS-subsidised treatment in cerebral palsy patients who have been treated for moderate to severe spasticity of the upper limb with non-PBS-subsidised botulinum toxin prior to the age of 18.

Criteria for availability

Treatment of moderate to severe spasticity [defined as MAS greater than or equal to 3 using modified Ashworth scale] of the upper limb in adults following a stroke, as second line therapy when standard management has failed (e.g. physiotherapy and/or oral spasticity agents) or as an adjunct to physical therapy.

Maximum number of treatments to be authorised is 4 (total Botox and Dysport) per upper limb per lifetime. Treatment should not be initiated until 3 months post-stroke in patients who do not have established severe contracture. Treatment should be discontinued if the patient does not respond (decrease of MAS greater than 1 in at least one joint) after two treatments.

The date of the stroke must be provided.

Contraindications to treatment include established severe contracture and known sensitivity to botulinum toxin.

Criteria for availability

Treatment of severe primary axillary hyperhidrosis in a patient 12 years or older who has failed or is intolerant to topical aluminium chloride hexahydrate after one to two months of treatment.

Maximum number of treatments per year is 3, with no less than 4 months to elapse between treatments.

Note

The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

6103F	Lyophilised powder for injection 100 units	1	415.50	Botox	AG
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CLOSTRIDIUM BOTULINUM TYPE A TOXIN—HAEMAGGLUTININ COMPLEX

Note

Arrangements to prescribe this item should be made by medical practitioners with Medicare Australia, contact telephone number 1800 700 270.

Criteria for availability

Treatment of dynamic equinus foot deformity due to spasticity in an ambulant paediatric cerebral palsy patient aged from 2 to 17 years inclusive;

Continuing PBS-subsidised treatment of dynamic equinus foot deformity due to spasticity in an ambulant cerebral palsy patient 18 years of age or older who was commenced on PBS-subsidised treatment with clostridium botulinum type A toxin-haemagglutinin complex as a paediatric patient;

Treatment of spasmodic torticollis, either as monotherapy or as adjunctive therapy to current standard care;

Treatment of blepharospasm or hemifacial spasm in an adult.

Criteria for availability

Treatment of moderate to severe spasticity [defined as MAS greater than or equal to 3 using modified Ashworth scale] of the upper limb in adults following a stroke, as second line therapy when standard management has failed (e.g. physiotherapy and/or oral spasticity agents) or as an adjunct to physical therapy.

Maximum number of treatments to be authorised is 4 (total Botox and Dysport) per upper limb per lifetime. Treatment should not be initiated until 3 months post-stroke in patients who do not have established severe contracture. Treatment should be discontinued if the patient does not respond (decrease of MAS greater than 1 in at least one joint) after two treatments.

The date of the stroke must be provided.

Contraindications to treatment include established severe contracture and known sensitivity to botulinum toxin.

Note

The units used to express the potency of botulinum toxin preparations currently available for PBS subsidy are not equivalent.

1152P	Lyophilised powder for I.M. injection 300 units	1	361.52	Dysport	IS
6293F	Lyophilised powder for I.M. injection 500 units	1	644.81	Dysport	IS

SECTION 100 (BOTULINUM TOXIN PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex manufacture		Brand Name and Manufacturer
				\$	

SECTION 100 (HUMAN GROWTH HORMONE)

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex manufacturer		Brand Name and Manufacturer
			\$		

SOMATROPIN (Recombinant human growth hormone)

Criteria for availability

Short stature in accordance with the 'Guidelines for the Pharmaceutical Benefits Scheme Growth Hormone Program. The program also aims to correct neonatal hypoglycaemia due to biochemical growth hormone deficiency and improve body composition for children with Prader-Willi Syndrome.

The Guidelines specify the eligibility criteria for the conditions that are eligible for treatment through the program which include:

- (i) short stature and slow growth;
- (ii) short stature associated with biochemical growth hormone deficiency;
- (iii) growth retardation secondary to intracranial lesion or cranial irradiation;
- (iv) neonates/infants at risk of hypoglycaemia secondary to growth hormone deficiency;
- (v) short stature associated with Turner Syndrome;
- (vi) short stature due to short stature homeobox (SHOX) gene disorders;
- (vii) short stature associated with chronic renal insufficiency;
- (viii) biochemical growth hormone deficiency and precocious puberty;
- (ix) Prader-Willi syndrome.

Genotropin branded products are available for the treatment of Prader-Willi Syndrome in accordance with the Guidelines.

Note

Growth hormone (Somatropin) for adults is currently not subsidised through the Pharmaceutical Benefits Scheme.

These guidelines may be obtained from the Department of Health and Ageing's internet site at <http://www.health.gov.au/hGH>, or from:

Growth Hormone Program
Access and Systems Branch
Department of Health and Ageing
GPO Box 9848
CANBERRA ACT 2601
Contact telephone number (02) 6289 7274

Note

Special Pricing Arrangements apply.

5818F	Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)	1	315.50	Norditropin FlexPro	NO
5819G	Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)	1	631.00	Norditropin FlexPro	NO
5820H	Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative)	1	946.50	Norditropin FlexPro	NO
6465G	Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)	1	315.50	Norditropin NordiFlex	NO
6466H	Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)	1	631.00	Norditropin NordiFlex	NO
6467J	Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative)	1	946.50	Norditropin NordiFlex	NO

SOMATROPIN (Recombinant human growth hormone)

Criteria for availability

Short stature in accordance with the 'Guidelines for the Pharmaceutical Benefits Scheme Growth Hormone Program. The program also aims to correct neonatal hypoglycaemia due to biochemical growth hormone deficiency and improve body composition for children with Prader-Willi Syndrome.

The Guidelines specify the eligibility criteria for the conditions that are eligible for treatment through the program which include:

- (i) short stature and slow growth;
- (ii) short stature associated with biochemical growth hormone deficiency;
- (iii) growth retardation secondary to intracranial lesion or cranial irradiation;
- (iv) neonates/infants at risk of hypoglycaemia secondary to growth hormone deficiency;
- (v) short stature associated with Turner Syndrome;
- (vi) short stature due to short stature homeobox (SHOX) gene disorders;
- (vii) short stature associated with chronic renal insufficiency;
- (viii) biochemical growth hormone deficiency and precocious puberty;
- (ix) Prader-Willi syndrome.

Genotropin branded products are available for the treatment of Prader-Willi Syndrome in accordance with the Guidelines.

SECTION 100 (HUMAN GROWTH HORMONE)

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex	Brand Name and Manufacturer	
			manufacturer \$		
<u>Note</u>					
Growth hormone (Somatropin) for adults is currently not subsidised through the Pharmaceutical Benefits Scheme.					
These guidelines may be obtained from the Department of Health and Ageing's internet site at http://www.health.gov.au/hGH , or from:					
Growth Hormone Program Access and Systems Branch Department of Health and Ageing GPO Box 9848 CANBERRA ACT 2601 Contact telephone number (02) 6289 7274					
3388H	Solution for injection 20 mg (60 i.u.) in 2.5 mL cartridge (with preservative)	1	990.00	Saizen	SG
5822K	Solution for injection 6 mg (18 i.u.) in 1.03 mL cartridge (with preservative)	1	297.00	Saizen	SG
5824M	Solution for injection 12 mg (36 i.u.) in 1.5 mL cartridge (with preservative)	1	594.00	Saizen	SG
6169Q	Injection 18 i.u. (6 mg) cartridge with 3.15 mL diluent (with preservative)	1	297.00	Humatrope	LY
6170R	Injection 36 i.u. (12 mg) cartridge with 3.15 mL diluent (with preservative)	1	594.00	Humatrope	LY
6266T	Injection 4 mg (12 i.u.) vial with diluent (with preservative)	1	198.00	Zomacton	FP
6295H	Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)	1	247.50	Norditropin SimpleXx	NO
6296J	Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)	1	495.00	Norditropin SimpleXx	NO
6297K	Solution for injection 15 mg (45 i.u.) in 1.5 mL cartridge (with preservative)	1	742.50	Norditropin SimpleXx	NO
6310D	Injection 10 mg (30 i.u.) vial with diluent (with preservative)	1	495.00	Zomacton	FP
6311E	Solution for injection 10 mg (30 i.u.) in 1.5 mL cartridge (with preservative)	1	495.00	Omnitrope	SZ
6312F	Injection 12 mg (36 i.u.) in 1 mL cartridge (with preservative)	1	594.00	Genotropin	PF
6313G	Injection 0.8 mg (2.4 i.u.) with diluent in single use syringe (without preservative)	7	277.20	Genotropin MiniQuick	PF
6314H	Injection 1 mg (3 i.u.) with diluent in single use syringe (without preservative)	7	346.50	Genotropin MiniQuick	PF
6315J	Injection 1.2 mg (3.6 i.u.) with diluent in single use syringe (without preservative)	7	415.80	Genotropin MiniQuick	PF
6316K	Injection 1.4 mg (4.2 i.u.) with diluent in single use syringe (without preservative)	7	485.10	Genotropin MiniQuick	PF
6317L	Injection 1.6 mg (4.8 i.u.) with diluent in single use syringe (without preservative)	7	554.40	Genotropin MiniQuick	PF
6318M	Injection 1.8 mg (5.4 i.u.) with diluent in single use syringe (without preservative)	7	623.70	Genotropin MiniQuick	PF
6319N	Injection 2 mg (6 i.u.) with diluent in single use syringe (without preservative)	7	693.00	Genotropin MiniQuick	PF
6329D	Injection 8 mg (24 i.u.) vial with 1.37 mL diluent cartridge (with preservative) (for use with one.click auto-injector)	1	396.00	Saizen 8 mg click.easy	SG
6330E	Injection 5 mg (15 i.u.) in 1 mL cartridge (with preservative)	1	247.50	Genotropin	PF
6345Y	Injection 72 i.u. (24 mg) cartridge with 3.15 mL diluent (with preservative)	1	1188.00	Humatrope	LY
6476W	Solution for injection 5 mg (15 i.u.) in 1.5 mL cartridge (with preservative)	1	247.50	Omnitrope	SZ
9585L	Powder for injection 5 mg (15 i.u.) with diluent in pre-filled pen (with preservative)	1	247.50	Genotropin GoQuick	PF
9586M	Powder for injection 12 mg (36 i.u.) with diluent in pre-filled pen (with preservative)	1	594.00	Genotropin GoQuick	PF
9604L	Solution for injection 10 mg (30 i.u.) in 2 mL cartridge (with preservative)	1	495.00	NutropinAq	IS
9628R	Injection 0.6 mg (1.8 i.u.) with diluent in single use syringe (without preservative)	7	207.90	Genotropin MiniQuick	PF

SECTION 100 (IVF/GIFT TREATMENT)

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex manufacturer \$	Brand Name and Manufacturer	
CETRORELIX					
<u>Criteria for availability</u>					
For the prevention of premature luteinisation and ovulation in patients undergoing controlled ovarian stimulation, followed by oocyte pick-up and assisted reproductive techniques as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.					
<u>Note</u>					
Supply of these items is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
9599F	Powder for injection 250 micrograms (as acetate) with diluent	1	46.08	Cetrotide	SG
CHORIOGONADOTROPIN ALFA					
<u>Criteria for availability</u>					
Patients who are receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.					
<u>Note</u>					
Supply of this item is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
<u>Note</u>					
Special Pricing Arrangements apply.					
6182J	Solution for injection 250 micrograms in 0.5 mL pre-filled pen	1	54.80	Ovidrel	SG
9631X	Solution for injection 250 micrograms in 0.5 mL pre-filled syringe	1	54.80	Ovidrel	SG
CORIFOLLITROPIN ALFA					
<u>Criteria for availability</u>					
A patient who is receiving treatment as described in items 13200, 13201 or 13202 of the Medicare Benefits Schedule and who:					
(i) Has an antral follicle count of 20 or less; and					
(ii) Weighs 90 kg or less; and					
(iii) Is undergoing a gonadotrophin releasing hormone antagonist cycle.					
<u>Note</u>					
Supply of these items is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
5816D	Solution for injection 100 micrograms in 0.5 mL single dose pre-filled syringe	1	410.14	Elonva	MK
5817E	Solution for injection 150 micrograms in 0.5 mL single dose pre-filled syringe	1	621.24	Elonva	MK
FOLLITROPIN ALFA					
<u>Criteria for availability</u>					
Patients who are receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.					
<u>Note</u>					
Supply of these items is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
6431L	Injection 300 i.u. in 0.5 mL multi-dose cartridge	1	144.00	Gonal-f Pen	SG
6432M	Injection 450 i.u. in 0.75 mL multi-dose cartridge	1	216.00	Gonal-f Pen	SG
6433N	Injection 900 i.u. in 1.5 mL multi-dose cartridge	1	432.00	Gonal-f Pen	SG
FOLLITROPIN BETA					
<u>Criteria for availability</u>					
Patients who are receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.					
<u>Note</u>					
Supply of these items is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
6335K	Solution for injection 300 i.u. in 0.36 mL multi-dose cartridge	1	144.04	Puregon 300 IU/0.36 mL	MK
6336L	Solution for injection 600 i.u. in 0.72 mL multi-dose cartridge	1	288.09	Puregon 600 IU/0.72 mL	MK
6464F	Solution for injection 900 i.u. in 1.08 mL multi-dose cartridge	1	432.11	Puregon 900 IU/1.08 mL	MK

SECTION 100 (IVF/GIFT TREATMENT)

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex manufacturer \$	Brand Name and Manufacturer	
GANIRELIX					
<u>Criteria for availability</u>					
For the prevention of premature luteinisation and ovulation in patients undergoing controlled ovarian stimulation, followed by oocyte pick-up and assisted reproductive techniques as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.					
<u>Note</u>					
Supply of these items is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
9583J	Injection 250 micrograms (as acetate) in 0.5 mL pre-filled syringe	1	46.08	Orgalutran	MK
9584K	Injection 250 micrograms (as acetate) in 0.5 mL pre-filled syringe	5	230.40	Orgalutran	MK
HUMAN CHORIONIC GONADOTROPHIN					
<u>Criteria for availability</u>					
Patients who are receiving medical treatment as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.					
<u>Note</u>					
Supply of these items is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
6178E	Injection set containing 3 ampoules powder for injection 1,500 units and 3 ampoules solvent 1 mL	1	39.57	Pregnyl	MK
6181H	Powder for injection 5,000 units with solvent	1	11.49	Pregnyl	MK
NAFARELIN					
<u>Criteria for availability</u>					
For the prevention of premature luteinisation and ovulation in patients undergoing controlled ovarian stimulation, followed by oocyte pick-up and assisted reproductive techniques as described in items 13200, 13201, 13202 or 13203 of the Medicare Benefits Schedule.					
<u>Note</u>					
Supply of this item is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
5815C	Nasal spray (pump pack) 200 micrograms (as acetate) per dose, 60 doses	1	75.33	Synarel	PF
PROGESTERONE					
<u>Criteria for availability</u>					
For luteal phase support in patients who are receiving medical treatment as described in items 13200 or 13201 of the Medicare Benefits Schedule. The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.					
<u>Note</u>					
Supply of these items is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
<u>Note</u>					
Special Pricing Arrangements apply.					
6366C	Vaginal gel (prolonged release) 90 mg in single dose pre-filled applicator	15	148.50	Crinone 8%	SG
<hr/>					
PROGESTERONE					
<u>Criteria for availability</u>					
For luteal phase support in patients who are receiving medical treatment as described in items 13200 or 13201 of the Medicare Benefits Schedule. The luteal phase is defined as the time span from embryo transfer until implantation confirmed by positive B-hCG measurement.					
<u>Note</u>					
Supply of these items is through an accredited IVF/GIFT clinic. For enquiries relating to the IVF/GIFT Program, medical practitioners should contact Medicare Australia on 1800 700 270.					
9608Q	Pessary 100 mg	15	50.40	Orion Laboratories Pty Ltd	ON
9609R	Pessary 200 mg	15	55.60	Orion Laboratories Pty Ltd	ON

SECTION 100 (OPIATE DEPENDENCE TREATMENT PROGRAM)

Code	Name, Restriction, Manner of Administration and Form	Pack Size	Price ex	Brand Name and Manufacturer
			manufacturer \$	

BUPRENORPHINE

Criteria for availability

Treatment of opiate dependence, including maintenance and detoxification (withdrawal), within a framework of medical, social and psychological treatment.

Note

Treatment must be in accordance with the law of the relevant State or Territory.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

6307Y NP	Tablet (sublingual) 400 micrograms (as hydrochloride)	7	6.16	Subutex	RC
6308B NP	Tablet (sublingual) 2 mg (as hydrochloride)	7	10.50	Subutex	RC
6309C NP	Tablet (sublingual) 8 mg (as hydrochloride)	7	30.10	Subutex	RC

BUPRENORPHINE with NALOXONE

Caution

Buprenorphine with naloxone soluble film and buprenorphine with naloxone sublingual tablet do not meet all the criteria for bioequivalence. Patients being switched between sublingual tablets and soluble films may therefore require a dosage adjustment.

Criteria for availability

Treatment of opiate dependence within a framework of medical, social and psychological treatment.

Note

Treatment must be in accordance with the law of the relevant State or Territory.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

6470M NP	Tablet (sublingual) 2 mg (as hydrochloride)-0.5 mg (as hydrochloride)	28	46.20	Suboxone	RC
6471N NP	Tablet (sublingual) 8 mg (as hydrochloride)-2 mg (as hydrochloride)	28	132.44	Suboxone	RC
9749D NP	Film (soluble) 2 mg (as hydrochloride)-0.5 mg (as hydrochloride)	28	46.20	Suboxone Film 2/0.5	RC
9750E NP	Film (soluble) 8 mg (as hydrochloride)-2 mg (as hydrochloride)	28	132.44	Suboxone Film 8/2	RC

METHADONE HYDROCHLORIDE

Caution

The risk of drug dependence is high.

Criteria for availability

Treatment of opiate dependence in accordance with the law of the relevant State or Territory.

Note

Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

6171T NP	Oral liquid 25 mg per 5 mL, 200 mL	1	7.91	^a Biodone Forte	MW
				^a Sigma Methadone Syrup	QA
6172W NP	Oral liquid 25 mg per 5 mL, 1 L	1	33.20	^a Biodone Forte	MW
				^a Sigma Methadone Syrup	QA

Section 3 – Container Prices, Fees, Standard Packs and Prices for Ready Prepared Pharmaceutical Benefits

CONTAINER PRICES FOR QUANTITIES OF READY PREPARED BENEFITS LESS THAN THE STANDARD PACK:

Injectables	150 mL vial	\$1.72
Other Items	25 mL vial	\$0.72

(The 25 mL is the most commonly used size)

FEES:

Dispensing Fee for Ready Prepared Benefits	\$6.42
Dangerous Drug Fee	\$2.71
Additional Fee for Agreed Price Ready Prepared Benefits	\$1.09

NOTE -

Standard packs and prices (including mark-up, but without dispensing fee and dangerous drug fee) are for items against the price of which an asterisk () is shown in Section 2 of the Schedule.*

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
8048N	ABCIXIMAB	10 mg in 5 mL	1@ 482.23	LY
1003T	ACICLOVIR	200 mg	25@ 29.99	AF, SZ, GM
2600W	ALLOPURINOL	100 mg	100@ 3.22	AF
2157M	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE	200 mg-200 mg per 5 mL, 500 mL	1@ 5.64	JT
2159P	ALUMINIUM HYDROXIDE with MAGNESIUM TRISILICATE and MAGNESIUM HYDROXIDE	250 mg-120 mg-120 mg per 5 mL, 500 mL	1@ 5.64	FM
3417W	AMINO ACID FORMULA with FAT, CARBOHYDRATE, VITAMINS, MINERALS, and TRACE ELEMENTS, without METHIONINE and supplemented with DOCOSAHEXANOIC ACID	125 mL, 36	1@ 625.39	SB
9330C	AMINO ACID FORMULA with FAT, CARBOHYDRATE, VITAMINS, MINERALS and TRACE ELEMENTS without PHENYLALANINE and TYROSINE, and supplemented with DOCOSAHEXANOIC ACID	125 mL, 36	1@ 625.39	SB
2347M	AMINO ACID FORMULA without PHENYLALANINE	20 g, 30	1@ 208.07	SB
8554F		500 mg, 200	1@ 79.37	SB
8678R		1 g, 75	1@ 59.19	SB
8479G	AMINO ACID FORMULA with VITAMINS, MINERALS and LONG CHAIN POLYUNSATURATED FATTY ACIDS without PHENYLALANINE	400 g	1@ 87.15	SB
2646G	AMINO ACID FORMULA with VITAMINS and MINERALS without LYSINE and low in TRYPTOPHAN	500 g	1@ 222.29	SB
2650L		400 g	1@ 95.36	SB
5484P		25 g, 30	1@ 787.00	VF
9438R		24 g, 30	1@ 526.99	VF
8328H	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE	500 g	1@ 222.29	SB
8416Y		500 g	1@ 337.29	SB
8417B		400 g	1@ 95.36	SB
8677Q		24 g, 30	1@ 526.99	VF
8744F		25 g, 30	1@ 772.99	VF
9133Q		130 mL, 30	1@ 772.99	VF
3443F	AMINO ACID FORMULA with VITAMINS and MINERALS without METHIONINE, THREONINE and VALINE and low in ISOLEUCINE	25 g, 30	1@ 772.99	VF
3444G		24 g, 30	1@ 526.99	VF
8058D		400 g	1@ 95.36	SB
8059E		500 g	1@ 222.29	SB
8061G		500 g	1@ 337.29	SB
1411G	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE	18.2 g, 60	1@ 544.55	SB
2382J		87 mL, 30	1@ 257.09	VF
2474F		174 mL, 30	1@ 511.90	VF
2738D		500 g	1@ 109.70	SB
2739E		500 g	1@ 168.25	SB
5483N		85 g, 30	1@ 263.05	VF
8545R		400 g	1@ 105.27	AB
8555G		24 g, 30	1@ 263.05	VF
8591E		25 g, 30	1@ 385.68	VF
8613H		29 g, 30	1@ 221.42	SB
8727H		50 g, 30	1@ 501.88	SB
8746H		250 mL	18@ 261.37	SB
8804J		27.8 g, 30	1@ 514.34	SB
8846N		130 mL, 30	1@ 385.48	VF

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
9021T		125 mL, 30	1@ 514.34	SB
9396M		125 mL, 36	1@ 315.86	SB
9397N		62.5 mL, 60	1@ 526.47	SB
3078B	AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE	500 g	1@ 337.29	SB
8445L		400 g	1@ 95.36	SB
8446M		500 g	1@ 222.29	SB
8631G		24 g, 30	1@ 526.99	VF
8667E		25 g, 30	1@ 772.99	VF
9132P		130 mL, 30	1@ 772.99	VF
9395L		29 g, 30	1@ 448.51	SB
2375B	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE	130 mL, 30	1@ 772.99	VF
2380G		400 g	1@ 95.36	SB
8057C		500 g	1@ 337.29	SB
8260R		500 g	1@ 222.29	SB
8310J		500 g	1@ 666.39	SB
8592F		24 g, 30	1@ 526.99	VF
8632H		25 g, 30	1@ 772.99	VF
8745G		29 g, 30	1@ 448.51	SB
9499Y	AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE with FAT, CARBOHYDRATE and TRACE ELEMENTS and supplemented with DOCOSAHEXANOIC ACID	125 mL, 36	1@ 625.39	SB
1180D	AMINO ACIDS—SYNTHETIC, FORMULA	400 g	1@ 44.34	SB
1192R		400 g	1@ 44.34	SB
2244D		400 g	1@ 44.34	SB
2250K		400 g	1@ 43.77	AB
2553J		400 g	1@ 44.34	SB
8574G		400 g	1@ 44.34	AB
8575H		400 g	1@ 44.34	AB
8754R		400 g	1@ 44.34	SB
8755T		400 g	1@ 44.34	SB
2246F	AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS	400 g	1@ 45.18	SB
2560R		400 g	1@ 45.18	SB
9339M		400 g	1@ 45.18	AB
9340N		400 g	1@ 45.18	AB
5466Q	AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS and MEDIUM CHAIN TRIGLYCERIDES	400 g	1@ 45.18	SB
5467R		400 g	1@ 45.18	SB
8736T	AMISULPRIDE	100 mg per mL, 60 mL	1@ 71.16	SW
9386B	AMYLOPECTIN, MODIFIED LONG CHAIN	60 g, 30	1@ 186.47	VF
5482M	ARGININE with CARBOHYDRATE	4 g containing 2 g arginine, 30	1@ 191.10	VF
9437Q		4 g containing 500 mg arginine, 30	1@ 127.40	VF
9092M	ATOMOXETINE HYDROCHLORIDE	10 mg (base)	28@ 107.38	LY
9093N		18 mg (base)	28@ 107.38	LY
9094P		25 mg (base)	28@ 107.38	LY
9095Q		40 mg (base)	28@ 107.38	LY
9096R		60 mg (base)	28@ 107.38	LY
1140B	BCG IMMUNOTHERAPEUTIC (Bacillus Calmette-Guérin/ Connaught strain)	6.6 to 19.2 x 10 ⁸ CFU	1@ 151.15	SW
1775K	BENZYL PENICILLIN	600 mg	1@ 3.65	CS
2647H		3 g	1@ 6.05	CS
3398W		600 mg	1@ 3.65	CS
3399X		3 g	1@ 6.05	CS
2812B	BETAMETHASONE VALERATE	200 mcg (base) per g, 100 g	1@ 12.34	QA

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price	Manufacturer
			\$	
2820K		200 mcg (base) per g, 100 g	1@ 10.13	MK
2544X	BIPERIDEN HYDROCHLORIDE	2 mg	100@ 7.23	LM
1258F	BISACODYL	10 mg, 12	1@ 3.97	PP
1260H		10 mg, 10	1@ 5.34	BY
5303D		10 mg, 10	1@ 5.34	BY
5304E		10 mg, 12	1@ 3.97	PP
5307H		10 mg, 10	1@ 5.34	BY
5308J		10 mg, 12	1@ 3.97	PP
1443Y	BROMOCRIPTINE MESYLATE	2.5 mg (base)	30@ 12.50	NV
3116B	CALCIUM	500 mg	60@ 6.01	IA
8740B	CALCIUM FOLINATE	equiv. to 50 mg folinic acid in 5 mL	1@ 27.93	HH
8812T		equiv. to 100 mg folinic acid in 10 mL	1@ 25.23	SZ
9041W		equiv. to 300 mg folinic acid in 30 mL	1@ 73.02	HH, SZ
2419H	CARBAMAZEPINE	200 mg	100@ 12.77	NV
2422L		100 mg	100@ 7.52	NV
5039F		100 mg	100@ 7.52	NV
5040G		200 mg	100@ 12.77	NV
1153Q	CARBIMAZOLE	5 mg	100@ 12.31	LM
8369L	CARBOHYDRATE, FAT, VITAMINS, MINERALS and TRACE ELEMENTS	400 g	1@ 38.97	SB
8578L	CARBOMER	2 mg per g, 0.6 mL, 30	1@ 9.89	NV
5504Q		2 mg per g, 0.6 mL, 30	1@ 9.89	NV
8514D	CARBOMER 974	3 mg per g, 0.5 g, 30	1@ 9.88	AQ
5502N		3 mg per g, 0.5 g, 30	1@ 9.88	AQ
2324H	CARMELLOSE SODIUM	10 mg per mL, 0.4 mL, 30	1@ 9.88	AG
2338C		5 mg per mL, 0.4 mL, 30	1@ 9.88	AG
8823J		2.5 mg per mL, 0.6 mL, 24	1@ 8.50	CX
8824K		10 mg per mL, 0.6 mL, 28	1@ 9.22	CX
5505R		10 mg per mL, 0.4 mL, 30	1@ 9.88	AG
5506T		5 mg per mL, 0.4 mL, 30	1@ 9.88	AG
5509Y		2.5 mg per mL, 0.6 mL, 24	1@ 8.50	CX
5510B		10 mg per mL, 0.6 mL, 28	1@ 9.22	CX
9307W	CARMELLOSE SODIUM with GLYCERIN	5 mg-9 mg per mL, 0.4 mL, 30	1@ 9.88	AG
5561Q		5 mg-9 mg per mL, 0.4 mL, 30	1@ 9.88	AG
8315P	CEFEPIME	1 g	1@ 15.52	BQ, OE, HH
8316Q		2 g	1@ 28.68	BQ, OE, HH
1085D	CEFOTAXIME	1 g	1@ 1.99	SZ
1086E		2 g	1@ 3.65	SZ
5048Q		1 g	1@ 1.99	SZ
5049R		2 g	1@ 3.65	SZ
1783W	CEFTRIAXONE	500 mg	1@ 3.83	PP
1784X		1 g	1@ 5.98	RO, HH, SZ, PP
1785Y		2 g	1@ 10.62	RO, HH, SZ, PP
1256D	CEPHAZOLIN	500 mg	5@ 16.73	HH
1257E		1 g	5@ 25.25	HH
5477G		500 mg	5@ 16.73	HH
5478H		1 g	5@ 25.25	HH
5479J		2 g	1@ 9.78	SZ, AF
9326W		2 g	1@ 9.78	SZ, AF
1163F	CHLORAMBUCIL	2 mg	25@ 32.89	AS
1585K	CHLORTHALIDONE	25 mg	50@ 5.58	LM
2967E	CHOLESTYRAMINE	4.7 g (equiv. to 4 g cholestyramine)	1@ 32.76	QA
9249T		4.7 g (equivalent to 4 g cholestyramine)	1@ 32.76	QA
1217C	CIPROFLOXACIN	3 mg per mL, 5 mL	1@ 12.06	AQ
5564W		3 mg per mL, 5 mL	1@ 12.06	AQ
5481L	CITRULLINE with CARBOHYDRATE	4 g containing 1 g citrulline, 30	1@ 127.40	VF
1805B	CLONAZEPAM	500 mcg	100@ 6.54	AF
1806C		2 mg	100@ 12.32	AF
1808E		2.5 mg per mL, 10 mL	1@ 4.31	RO
5339B		2.5 mg per mL, 10 mL	1@ 4.31	RO
5342E		2.5 mg per mL, 10 mL	1@ 4.31	RO
8785J	CODEINE PHOSPHATE with PARACETAMOL	30 mg-500 mg	20@ 1.06	FM, AV, AL, SZ, TX
8657P	CYCLOSPORIN	10 mg	60@ 44.00	NV

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$		Manufacturer
8658Q		25 mg	30@	45.41	NV, SZ
8659R		50 mg	30@	95.73	NV
8660T		100 mg	30@	185.51	NV
8661W		100 mg per mL, 50 mL	1@	353.12	NV
1270W	CYPROTERONE ACETATE	50 mg	50@	95.78	AF, GM, SY, GX, SZ
9164H	CYSTINE with CARBOHYDRATE	4 g containing 500 mg cystine, 30	1@	127.40	VF
9318K	DABIGATRAN ETEXILATE	75 mg (as mesilate)	10@	37.37	BY
9319L		110 mg (as mesilate)	10@	37.37	BY
9322P		75 mg (as mesilate)	10@	37.37	BY
9323Q		110 mg (as mesilate)	10@	37.37	BY
1229Q	DALTEPARIN SODIUM (Low Molecular Weight Heparin Sodium—porcine mucous)	10,000 units (anti-Xa) in 1 mL	10@	84.57	PF
1296F		12,500 units (anti-Xa) in 0.5 mL	10@	117.43	PF
2816F		5,000 units (anti-Xa) in 0.2 mL	10@	51.23	PF
8603T		2,500 units (anti-Xa) in 0.2 mL	10@	49.16	PF
8641T		2,500 units (anti-Xa) in 0.2 mL	10@	49.16	PF
8642W		5,000 units (anti-Xa) in 0.2 mL	10@	51.23	PF
8643X		7,500 units (anti-Xa) in 0.75 mL	10@	61.96	PF
8956J		7,500 units (anti-Xa) in 0.75 mL	10@	61.96	PF
8957K		10,000 units (anti-Xa) in 1 mL	10@	82.88	PF
8958L		12,500 units (anti-Xa) in 0.5 mL	10@	114.43	PF
8959M		15,000 units (anti-Xa) in 0.6 mL	10@	136.11	PF
8960N		18,000 units (anti-Xa) in 0.72 mL	10@	162.39	PF
2129C	DESMOPRESSIN ACETATE	100 mcg per mL, 2.5 mL	1@	30.95	FP
8662X		200 mcg	30@	57.83	FP
8711L		10 mcg per actuation, 60 actuations, 6 mL	1@	77.31	FP
1299J	DICLOFENAC SODIUM	25 mg (e.c.)	50@	3.16	SZ, CH, TW, AF, QA, GM, TX
1302M		100 mg	20@	9.25	NV
5076E		25 mg (e.c.)	50@	3.16	SZ, CH, TW, AF, QA, GM, TX
5079H		100 mg	20@	9.25	NV
5361E		25 mg (e.c.)	50@	3.16	SZ, CH, TW, AF, QA, GM, TX
5363G		100 mg	20@	9.25	NV
5364H		25 mg (e.c.)	50@	3.16	SZ, CH, TW, AF, QA, GM, TX
5366K		100 mg	20@	9.25	NV
3164M	DIGOXIN	50 mcg per mL, 60 mL	1@	17.35	QA
8461H	DISODIUM PAMIDRONATE	15 mg in 5 mL	1@	60.93	HH
8462J		30 mg in 10 mL	1@	121.85	HH
2702F	DOXYCYCLINE	100 mg (as hydrochloride)	7@	1.94	GM, QA, AF
2703G		100 mg (as hydrochloride)	7@	1.94	YT
2714W		100 mg (as hydrochloride)	7@	1.94	GM, QA, AF
9107H		100 mg (as monohydrate)	7@	1.94	SZ, CH, TW, GX
9108J		100 mg (as monohydrate)	7@	1.94	SZ, CH, TW
3199J	ELECTROLYTE REPLACEMENT SOLUTION	1 L	1@	7.77	BX
5434B	ENOXAPARIN SODIUM	80 mg (8,000 i.u. anti-Xa) in 0.8 mL	10@	84.28	SW
5435C		100 mg (10,000 i.u. anti-Xa) in 1 mL	10@	102.33	SW
8510X		40 mg (4,000 i.u. anti-Xa) in 0.4 mL	10@	51.23	SW
8558K		20 mg (2,000 i.u. anti-Xa) in 0.2 mL	10@	49.16	SW
8639Q		40 mg (4,000 i.u. anti-Xa) in 0.4 mL	10@	51.23	SW
8640R		60 mg (6,000 i.u. anti-Xa) in 0.6 mL	10@	73.26	SW
8716R		20 mg (2,000 i.u. anti-Xa) in 0.2 mL	10@	49.16	SW
9195Y		40 mg (4,000 i.u. anti-Xa) in 0.4 mL	10@	51.23	SW
9196B		40 mg (4,000 i.u. anti-Xa) in 0.4 mL	10@	51.23	SW
8367J	ENTACAPONE	200 mg	100@	137.70	NV
8397Y	EPROSARTAN MESYLATE	400 mg (base)	28@	8.48	AB
8951D		400 mg (base)	28@	10.22	AB
8683B	EPTIFIBATIDE ACETATE	20 mg (base) in 10 mL	1@	128.06	MK
8684C		75 mg (base) in 100 mL	1@	337.98	MK
1397M	ERYTHROMYCIN LACTOBIONATE	1 g (base)	1@	18.44	LM

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
5088T		1 g (base)	1@ 18.44	LM
9329B	ESSENTIAL AMINO ACIDS FORMULA	200 g	1@ 199.02	SB
2027Q	ESSENTIAL AMINO ACIDS FORMULA	400 g	1@ 125.55	SB
9385Y	ESSENTIAL AMINO ACIDS FORMULA with MINERALS and VITAMIN C with VITAMINS and MINERALS	12.5 g, 50	1@ 377.52	VF
3445H	ETANERCEPT	25 mg and 1 mL solvent, 4	1@ 911.29	PF
3448L		25 mg and 1 mL solvent, 4	1@ 911.29	PF
8637N		25 mg and 1 mL solvent, 4	1@ 911.29	PF
8638P		25 mg and 1 mL solvent, 4	1@ 911.29	PF
8778B		25 mg and 1 mL solvent, 4	1@ 911.29	PF
8779C		25 mg and 1 mL solvent, 4	1@ 911.29	PF
9035M		25 mg and 1 mL solvent, 4	1@ 911.29	PF
9036N		25 mg and 1 mL solvent, 4	1@ 911.29	PF
9037P		25 mg and 1 mL solvent, 4	1@ 911.29	PF
9429G		25 mg and 1 mL solvent, 4	1@ 911.29	PF
8748K	ETHACRYNIC ACID	25 mg	100@ 95.44	FK
8842J	EVEROLIMUS	0.75 mg	60@ 786.10	NV
9352F		1 mg	60@ 1031.17	NV
5401G	FENTANYL	200 mcg, 3	1@ 35.49	OA
5402H		400 mcg, 3	1@ 35.49	OA
5403J		600 mcg, 3	1@ 35.49	OA
5404K		800 mcg, 3	1@ 35.49	OA
5405L		1200 mcg, 3	1@ 35.49	OA
5406M		1600 mcg, 3	1@ 35.49	OA
5407N		200 mcg, 30	1@ 335.50	OA
5408P		400 mcg, 30	1@ 335.50	OA
5409Q		600 mcg, 30	1@ 335.50	OA
5410R		800 mcg, 30	1@ 335.50	OA
5411T		1200 mcg, 30	1@ 335.50	OA
5412W		1600 mcg, 30	1@ 335.50	OA
1473M	FLUCONAZOLE	100 mg in 50 mL	1@ 15.83	PF, HX, SZ, AE
1474N		200 mg in 100 mL	1@ 29.65	PF, HX, SZ, AE, BX
1433K	FLUDROCORTISONE ACETATE	100 mcg	100@ 20.04	QA
1437P	FOLIC ACID	5 mg	100@ 3.80	AF
2958Q		500 mcg	100@ 3.68	AF
8713N	FOLLITROPIN ALFA	300 i.u.	1@ 185.67	SG
8714P		450 i.u.	1@ 278.50	SG
8715Q		900 i.u.	1@ 554.41	SG
8565T	FOLLITROPIN BETA	300 i.u. in 0.36 mL	1@ 185.67	MK
8566W		600 i.u. in 0.72 mL	1@ 371.33	MK
8871X		900 i.u. in 1.08 mL	1@ 554.40	MK
8775W	FONDAPARINUX SODIUM	2.5 mg in 0.5 mL	2@ 37.05	GK
2414C	FRUSEMIDE	20 mg	50@ 1.84	SW
8444K	GELATIN - SUCCINYLATED	20 g per 500 mL, 500 mL	1@ 13.11	BR
2245E	GLUCOSE	278 mmol per L, 1 L	1@ 3.28	BR, PK, BX
9444C		139 mmol per 500 mL, 500 mL	1@ 2.29	BR, PK
9445D		278 mmol per 500 mL, 500 mL	1@ 2.29	PK
9474P		69.5 mmol per 250 mL, 250 mL	1@ 3.45	BR, PK
5005K		139 mmol per 500 mL, 500 mL	1@ 2.29	BR, PK
5106R		278 mmol per L, 1 L	1@ 3.28	BR, PK, BX
3106L	GLUCOSE and KETONE INDICATOR— URINE	Test strips, 50	1@ 5.44	RD
3107M		Test strips, 50	1@ 5.50	BN
9254C		Test strips, 50	1@ 5.44	RD
9255D		Test strips, 50	1@ 5.50	BN
2263D	GLUCOSE INDICATOR—BLOOD	Test strips, 50	1@ 23.38	MS
2860M		Test strips, 50	1@ 23.38	NA
2890D		Test strips, 50	1@ 23.38	NA
2891E		Test strips, 50	1@ 23.38	RD
2914J		Test strips, 50	1@ 19.74	NA
3406G		Test strips, 50	1@ 23.38	LB
3407H		Test strips, 50	1@ 23.38	LB
3441D		Test strips, 50	1@ 23.38	JJ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$		Manufacturer
3442E		Test strips, 50	1@	23.38	JJ
5043K		Test Strips, 50	1@	23.38	RD
5053Y		Test strips, 50	1@	23.38	RD
5266E		Test strips, 50	1@	23.38	NX
5267F		Test strips, 50	1@	23.38	NX
5268G		Test strips, 50	1@	23.38	NX
5269H		Test strips, 50	1@	23.38	NX
8723D		Test strips, 50	1@	23.38	BR
8739Y		Test strips, 50	1@	23.38	RD
8749L		Test strips, 50	1@	23.38	OZ
8759B		Test strips, 50	1@	23.38	LB
8795X		Test strips, 50	1@	23.38	PX
8806L		Test strips, 51	1@	23.38	RD
8825L		Test strips, 50	1@	23.38	NX
9013J		Test strips, 50	1@	23.38	OZ
9193W		Test strips, 25	1@	11.69	PZ
9256E		Test strips, 25	1@	11.69	PZ
9258G		Test strips, 50	1@	23.38	RD
9261K		Test strips, 50	1@	23.38	OZ
9263M		Test strips, 50	1@	23.38	OZ
9265P		Test strips, 50	1@	23.38	BR
9267R		Test strips, 50	1@	23.38	MS
9268T		Test strips, 50	1@	23.38	NX
9274D		Test strips, 50	1@	23.38	RD
9275E		Test strips, 51	1@	23.38	RD
9276F		Test strips, 50	1@	23.38	NA
9277G		Test strips, 50	1@	23.38	NA
9278H		Test strips, 50	1@	23.38	LB
9279J		Test strips, 50	1@	19.74	NA
9281L		Test strips, 50	1@	23.38	PX
9297H		Test strips, 50	1@	23.38	QB
9298J		Test strips, 50	1@	23.38	QB
9324R		Test strips, 50	1@	23.38	HE
9325T		Test strips, 50	1@	23.38	HE
9471L		Test strips, 50	1@	23.38	EH
9472M		Test strips, 50	1@	23.38	EH
9485F		Test strips, 50	1@	23.38	OI
9486G		Test strips, 50	1@	23.38	OI
3104J	GLUCOSE INDICATOR—URINE	Test strips, 50	1@	6.70	BN
9253B		Test strips, 50	1@	6.70	BN
2555L	GLYCEROL	700 mg, 12	1@	4.35	PP
2556M		1.4 g, 12	1@	4.49	PP
2557N		2.8 g, 12	1@	4.66	PP
5311M		700 mg, 12	1@	4.35	PP
5312N		1.4 g, 12	1@	4.49	PP
5313P		2.8 g, 12	1@	4.66	PP
5314Q		700 mg, 12	1@	4.35	PP
5315R		1.4 g, 12	1@	4.49	PP
5316T		2.8 g, 12	1@	4.66	PP
8728J	GRANISETRON HYDROCHLORIDE	2 mg (base)	1@	26.28	HH
8729K		3 mg (base) in 3 mL	5@	91.62	PK
8730L		3 mg (base) in 3 mL	5@	91.62	PK
1076P	HEPARIN SODIUM	35,000 units in 35 mL	1@	22.68	HH
9446E	HIGH FAT FORMULA with VITAMINS, MINERALS and TRACE ELEMENTS and low in PROTEIN and CARBOHYDRATE	300 g	1@	42.96	SB
1639G	HYDRALAZINE HYDROCHLORIDE	50 mg	100@	5.50	AF
1640H		25 mg	100@	4.54	AF
1486F	HYDROCHLOROTHIAZIDE with AMILORIDE HYDROCHLORIDE	50 mg-5 mg	50@	3.54	AS
1502C	HYDROCORTISONE ACETATE	21.1 g	1@	15.33	AS
1501B	HYDROCORTISONE SODIUM SUCCINATE	100 mg with 2 mL solvent	1@	5.05	PF
1510L		100 mg with 2 mL solvent	1@	5.05	PF
1511M		250 mg with 2 mL solvent	1@	8.72	PF

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
5118J		100 mg with 2 mL solvent	1@ 5.05	PF
5119K		250 mg with 2 mL solvent	1@ 8.72	PF
9487H	HYDROXYETHYL STARCH 130/0.4	30 g per 500 mL, 500 mL	1@ 13.11	PK
5317W	HYOSCINE BUTYLBROMIDE	20 mg in 1 mL	5@ 17.02	BY
5318X		20 mg in 1 mL	5@ 17.02	BY
8299T	HYPROMELLOSE with DEXTRAN	3 mg-1 mg per mL, 0.4 mL, 28	1@ 9.55	AQ
5521N		3 mg-1 mg per mL, 0.4 mL, 28	1@ 9.55	AQ
3190X	IBUPROFEN	400 mg	30@ 2.77	AB
5123P		400 mg	30@ 2.77	AB
5368M		400 mg	30@ 2.77	AB
5370P		400 mg	30@ 2.77	AB
2446R	IDARUBICIN HYDROCHLORIDE	5 mg	1@ 80.23	PF
2448W		10 mg	1@ 148.40	PF
2454E	INDOMETHACIN	25 mg	50@ 3.00	AF
2757D		100 mg	20@ 8.04	AS
5126T		25 mg	50@ 3.00	AF
5128X		100 mg	20@ 8.04	AS
5377B		25 mg	50@ 3.00	AF
5378C		100 mg	20@ 8.04	AS
5379D		25 mg	50@ 3.00	AF
5380E		100 mg	20@ 8.04	AS
8435Y	INSULIN ASPART	100 units per mL, 3 mL, 5	1@ 51.56	NO, NF
8571D		100 units per mL, 10 mL	1@ 30.57	NO
8609D	INSULIN ASPART—INSULIN ASPART PROTAMINE SUSPENSION	100 units (30 units-70 units) per mL, 3 mL, 5	1@ 51.56	NF, NO
9040T	INSULIN DETEMIR	100 units per mL, 3 mL, 5	1@ 85.26	NF, NO
9039R	INSULIN GLARGINE	100 units per mL, 3 mL, 5	1@ 85.26	SW, AV
1921D	INSULIN GLULISINE	100 units per mL, 3 mL, 5	1@ 51.56	AV, SW
9224L		100 units per mL, 10 mL	1@ 30.57	SW
1533Q	INSULIN ISOPHANE (N.P.H.)	100 units per mL, 10 mL	1@ 25.48	LY, NO
1711C		100 units per mL, 10 mL	1@ 33.12	AS
1761Q		100 units per mL, 3 mL, 5	1@ 43.58	NO, NI, LY
8084L	INSULIN LISPRO	100 units per mL, 10 mL	1@ 30.57	LY
8212F		100 units per mL, 3 mL, 5	1@ 51.56	LY, KP
8390N	INSULIN LISPRO—INSULIN LISPRO PROTAMINE SUSPENSION	100 units (25 units-75 units) per mL, 3 mL, 5	1@ 51.56	LY, KP
8874C		100 units (50 units-50 units) per mL, 3 mL, 5	1@ 51.56	LY, KP
1531N	INSULIN NEUTRAL	100 units per mL, 10 mL	1@ 25.48	NO, LY
1713E		100 units per mL, 10 mL	1@ 33.12	AS
1762R		100 units per mL, 3 mL, 5	1@ 43.58	NO, LY
1426C	INSULIN NEUTRAL—INSULIN ISOPHANE (N.P.H.), (MIXED) (Biphasic Isophane)	100 units (30 units-70 units) per mL, 10 mL	1@ 25.48	LY
1763T		100 units (30 units-70 units) per mL, 3 mL, 5	1@ 43.58	LY, NO, NI
2062M		100 units (50 units-50 units) per mL, 3 mL, 5	1@ 43.58	NO
8180M	INTERFERON ALFA-2a	3,000,000 i.u. in 0.5 mL	1@ 33.32	RO
8181N		3,000,000 i.u. in 0.5 mL	1@ 33.32	RO
8182P		4,500,000 i.u. in 0.5 mL	1@ 51.66	RO
8183Q		6,000,000 i.u. in 0.5 mL	1@ 67.66	RO
8184R		9,000,000 i.u. in 0.5 mL	1@ 99.94	RO
8551C		4,500,000 i.u. in 0.5 mL	1@ 51.66	RO
8552D		6,000,000 i.u. in 0.5 mL	1@ 67.66	RO
8553E		9,000,000 i.u. in 0.5 mL	1@ 99.94	RO
8348J	INTERFERON ALFA-2b	18,000,000 i.u. in 1.2 mL	1@ 199.87	MK
8476D		30,000,000 i.u. in 1.2 mL	1@ 333.11	MK
8572E		18,000,000 i.u. in 1.2 mL	1@ 199.87	MK
1542E	IPRATROPIUM BROMIDE	250 mcg (anhydrous) in 1 mL, 30	1@ 14.66	AF, PF, QA, TX
8238N		500 mcg (anhydrous) in 1 mL, 30	1@ 17.32	AF, PF, QA, TX
8671J		21 mcg per dose (200 doses)	1@ 13.71	BY
9134R	ISOLEUCINE with CARBOHYDRATE	4 g containing 50 mg isoleucine, 30	1@ 127.40	VF
9436P		4 g containing 1 g isoleucine, 30	1@ 140.14	VF
2588F	ISOSORBIDE DINITRATE	5 mg	100@ 4.07	QA

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
1588N	KETOPROFEN	100 mg	20@ 9.44	SW
5139L		100 mg	20@ 9.44	SW
5387M	LACTULOSE	3.34 g per 5 mL, 500 mL	1@ 5.59	AF, GM, QA, GX, SZ
5388N		3.34 g per 5 mL, 500 mL	1@ 5.59	AF, GM, QA, GX, SZ
9148L	LAPATINIB	250 mg (as ditosylate monohydrate)	70@ 1690.52	GK
8970D	LEVODOPA with CARBIDOPA	20 mg-5 mg per mL, 100 mL	7@ 1459.49	AB
8797B	LEVODOPA with CARBIDOPA and ENTACAPONE	50 mg-12.5 mg-200 mg	100@ 152.73	NV
8798C		100 mg-25 mg-200 mg	100@ 167.75	NV
8799D		150 mg-37.5 mg-200 mg	100@ 182.77	NV
9292C		200 mg-50 mg-200 mg	100@ 196.60	NV
9344T		75 mg-18.75 mg-200 mg	100@ 159.35	NV
9345W		125 mg-31.25 mg-200 mg	100@ 173.77	NV
8290H	LITHIUM CARBONATE	450 mg (s.r.)	100@ 13.94	GK
8203R	LOSARTAN	50 mg	30@ 10.71	AF
5389P	MACROGOL 3350	13.125 g, 30	1@ 14.13	NE
5390Q		13.125 g, 30	1@ 14.13	NE
5426N		510 g	1@ 14.13	KY, ON, OY
5427P		510 g	1@ 14.13	KY, ON, OY
1598D	MERCAPTOPYRINE	50 mg	25@ 61.38	AS
2214M	MESALAZINE	500 mg (p.r.)	100@ 145.51	FP
3413P		1 g (p.r.)	60@ 162.13	FP
8598M		500 mg	100@ 145.51	OA
8616L		2 g in 60 mL, 7	1@ 82.45	OA
8617M		4 g in 60 mL, 7	1@ 109.87	OA
8731M		500 mg (e.c.)	100@ 145.51	OA
8753Q		1 g in 100 mL, 7	1@ 82.45	FP
8768L		80 g	1@ 82.45	OA
2395C	METHOTREXATE	50 mg in 2 mL	1@ 4.65	WQ
5423K	METHYLNALTREXONE	12 mg in 0.6 mL	1@ 41.39	LM
2826R	METHYSERGIDE	1 mg	50@ 19.27	LM
1638F	METRONIDAZOLE	500 mg in 100 mL	10@ 37.54	HH
5154G		500 mg in 100 mL	10@ 37.54	HH
9026C	MICONAZOLE NITRATE	20 mg per g, 15 g	1@ 4.74	JT
2349P	MILK POWDER—LACTOSE FREE FORMULA	900 g	1@ 16.50	NU
2350Q		900 g	1@ 16.50	NU
8282X		900 g	1@ 21.29	PF
8283Y		900 g	1@ 21.29	PF
2357C	MILK POWDER—LACTOSE MODIFIED	900 g	1@ 22.13	SJ
2358D		900 g	1@ 22.13	SJ
3092R	MILK POWDER—SYNTHETIC	400 g	1@ 46.87	SB
8630F	MILK PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE	225 g	1@ 26.75	SB
8816B	MODAFINIL	100 mg	60@ 170.28	CS
8649F	MYCOPHENOLATE MOFETIL	250 mg	100@ 173.98	RO, QA, TX, SZ
8650G		500 mg	50@ 173.98	RO, QA, TX, SZ, AF
1674D	NAPROXEN	250 mg	50@ 3.46	AF
5176K		250 mg	50@ 3.46	AF
5345H		250 mg	50@ 3.46	AF
5349M		250 mg	50@ 3.46	AF
8298R	NARATRIPTAN	2.5 mg (as hydrochloride)	2@ 9.74	GK
9734H		2.5 mg (as hydrochloride)	2@ 11.13	GK
9316H	NEBIVOLOL	1.25 mg (as hydrochloride)	28@ 22.10	CS
1309X	NILOTINIB	150 mg (as hydrochloride monohydrate)	40@ 1487.15	NV
9171Q		200 mg (as hydrochloride monohydrate)	40@ 1955.24	NV
2732T	NITRAZEPAM	5 mg	25@ 1.40	AF
5359C		5 mg	25@ 1.40	AF
5360D		5 mg	25@ 1.40	AF
1967M	NORETHISTERONE	350 mcg	1@ 2.51	FZ, JC
2774B	NORETHISTERONE with ETHINYLOESTRADIOL	Tablet-Pack	1@ 2.51	FZ
2775C		Tablet-Pack	1@ 2.51	FZ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
2776D		Tablet-Pack	1@ 2.51	FZ
3179H	NORETHISTERONE with MESTRANOL	Tablet-Pack	1@ 2.51	PF
1698J	NYSTATIN	100,000 units per g, 15 g	1@ 6.07	FM
8383F	OFLOXACIN	3 mg per mL, 5 mL	1@ 12.86	AG
5567B		3 mg per mL, 5 mL	1@ 12.86	AG
9294E	OLANZAPINE	210 mg	1@ 246.68	LY
9295F		300 mg	1@ 401.42	LY
3134Y	OXAZEPAM	15 mg	25@ 1.23	AF
3135B		30 mg	25@ 1.23	TX, FM, AF
5371Q		15 mg	25@ 1.23	AF
5372R		30 mg	25@ 1.23	TX, FM, AF
5373T		15 mg	25@ 1.23	AF
5374W		30 mg	25@ 1.23	TX, FM, AF
8588B	OXCARBAZEPINE	60 mg per mL, 250 mL	1@ 65.85	NV
5453B	PANCREATIC EXTRACT	20 g	1@ 45.12	AB
5454C		20 g	1@ 45.12	AB
8020D		not less than 10,000 BP units lipase activity	100@ 35.45	AB
8021E		not less than 25,000 BP units lipase activity	100@ 70.66	AB
9226N		not less than 10,000 BP units lipase activity	100@ 35.45	AB
9227P		not less than 25,000 BP units lipase activity	100@ 70.66	AB
9412J		not less than 40,000 BP units lipase activity	100@ 111.77	AB
9413K		not less than 40,000 BP units lipase activity	100@ 111.77	AB
8366H	PANCRELIPASE	not less than 25,000 BP units lipase activity	100@ 65.74	TM
9229R		not less than 25,000 BP units lipase activity	100@ 65.74	TM
8784H	PARACETAMOL	500 mg	100@ 1.90	GM, YS, XS, SZ, YM, TX, GQ, SW, FM
8814X		665 mg (m.r.)	96@ 5.11	GC
5224Y		500 mg	100@ 1.90	GM, YS, XS, SZ, YM, TX, GQ, SW, FM
5319Y		500 mg, 24	1@ 19.51	GC
5320B		500 mg, 24	1@ 19.51	GC
5343F		665 mg (m.r.)	96@ 5.11	GC
5344G		665 mg (m.r.)	96@ 5.11	GC
1754H	PARAFFIN	3.5 g	1@ 7.41	IQ
9217D		3.5 g	1@ 7.41	IQ
5523Q		3.5 g	1@ 7.41	IQ
1166J	PHENOXYBENZAMINE HYDROCHLORIDE	10 mg, 30	1@ 66.16	GH
1703P	PHENOXYMETHYLPENICILLIN	250 mg	25@ 2.45	QA
1787C		250 mg	25@ 2.45	QA
3028J		500 mg	25@ 3.62	QA
8976K		125 mg per 5 mL, 100 mL	1@ 3.88	AE
8977L		250 mg per 5 mL, 100 mL	1@ 5.16	AE
9143F		150 mg per 5 mL, 100 mL	1@ 8.54	QA
3360W		250 mg	25@ 2.45	QA
3361X		500 mg	25@ 3.62	QA
5012T		150 mg per 5 mL, 100 mL	1@ 8.54	QA
5024K		125 mg per 5 mL, 100 mL	1@ 3.88	AE
5029Q		250 mg per 5 mL, 100 mL	1@ 5.16	AE
9384X	PHENYLALANINE with CARBOHYDRATE	4 g containing 50 mg phenylalanine, 30	1@ 127.40	VF
9493P	POLYETHYLENE GLYCOL 400	2.5 mg per mL, single dose units 0.4 mL, 20	1@ 6.59	AO
5560P		2.5 mg per mL, single dose units 0.4 mL, 20	1@ 6.59	AO
9170P	POLYETHYLENE GLYCOL 400 with PROPYLENE GLYCOL	4 mg-3 mg per mL, single dose units 0.8 mL, 28	1@ 13.83	AQ
5532E		4 mg-3 mg per mL, single dose units	1@ 13.83	AQ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$		Manufacturer
		0.8 mL, 28			
2334W	POLYGELENE	17.5 g per 500 mL, 500 mL	1@	13.11	AE
9475Q	POLY-L-LACTIC ACID	150 mg	1@	220.02	SW
9476R		150 mg	1@	220.02	SW
2642C	POTASSIUM CHLORIDE	600 mg	100@	3.23	NM
1920C	PREDNISOLONE SODIUM PHOSPHATE	equiv. to 20 mg prednisolone in 100 mL	7@	51.23	QA
2554K		equiv. to 5 mg prednisolone, 10	1@	11.76	QA
1948M	PROMETHAZINE HYDROCHLORIDE	50 mg in 2 mL	5@	7.95	HH
3374N		50 mg in 2 mL	5@	7.95	HH
1953T	PROPANTHELINE BROMIDE	15 mg	100@	10.02	QA
1955X	PROPYLTHIOURACIL	50 mg	100@	21.61	PL
2676W	PROTEIN HYDROLYSATE FORMULA with MEDIUM CHAIN TRIGLYCERIDES	400 g	1@	20.69	NT
8259Q		450 g	1@	12.93	NU
2608G	PYRIDOSTIGMINE BROMIDE	180 mg (m.r.)	50@	71.40	VT
2724J		10 mg	50@	8.29	VT
1937Y	RANITIDINE HYDROCHLORIDE	150 mg (base), effervescent	30@	5.45	GK
8162N		150 mg (base) per 10 mL, 300 mL	1@	9.05	GK
8903N		150 mg (base), effervescent	30@	7.03	GK
8905Q		150 mg (base) per 10 mL, 300 mL	1@	10.15	GK
8780D	RISPERIDONE	25 mg	1@	135.34	JC
8781E		37.5 mg	1@	173.51	JC
8782F		50 mg	1@	211.28	JC
8787L		0.5 mg	20@	6.73	JC, TX
8788M		0.5 mg (orally disintegrating)	28@	11.29	JC
8790P		1 mg (orally disintegrating)	28@	21.89	JC
8792R		1 mg (orally disintegrating)	28@	21.89	JC
8794W		2 mg (orally disintegrating)	28@	43.41	JC
8869T		0.5 mg	20@	6.73	JC, TX
8870W		0.5 mg (orally disintegrating)	28@	11.29	JC
9075P		3 mg (orally disintegrating)	28@	64.50	JC
9076Q		4 mg (orally disintegrating)	28@	85.95	JC
9080X		2 mg (orally disintegrating)	28@	43.41	JC
9313E	RIZATRIPTAN	10 mg (as benzoate)	2@	9.35	MK
1099W	SALBUTAMOL SULFATE	200 mcg (base)	100@	4.82	GK
1103C		2 mg (base) per 5 mL, 150 mL	1@	7.89	GK
2000G		2.5 mg (base) in 2.5 mL, 30	1@	5.95	AF, GX, QA, CR, SZ, GM
2001H		5 mg (base) in 2.5 mL, 30	1@	6.28	AF, GX, QA, CR, SZ, GM
2003K		5 mg (base) per mL, 30 mL	1@	6.28	PF
8288F		100 mcg (base) per dose (200 doses)	1@	3.70	AL, IA, TX
8354Q		100 mcg (base) per dose (200 doses)	1@	16.09	IA
2995P	SALCATONIN	50 i.u. in 1 mL	5@	33.54	NV
2997R		100 i.u. in 1 mL	5@	51.57	NV
2014B	SODIUM ALGINATE with CALCIUM CARBONATE and SODIUM BICARBONATE	1 g-320 mg-534 mg in 20 mL, 500 mL	1@	4.13	RC
2260Y	SODIUM CHLORIDE	513 mmol per L, 1 L	1@	2.85	BX
2264E		154 mmol per L, 1 L	1@	1.90	BR, PK, BX
9392H		77 mmol per 500 mL, 500 mL	1@	1.32	BR, PK
9473N		38.5 mmol per 250 mL, 250 mL	1@	1.99	BR, PK
5021G		77 mmol per 500 mL, 500 mL	1@	1.32	BR, PK
5212H		154 mmol per L, 1 L	1@	1.90	BR, PK, BX
5213J		513 mmol per L, 1 L	1@	2.85	BX
2266G	SODIUM CHLORIDE COMPOUND	1 L	1@	5.90	BX
2278X	SODIUM CHLORIDE with GLUCOSE	39 mmol-69 mmol per 500 mL, 500 mL	1@	4.47	BX
2279Y		19 mmol-104 mmol per 500 mL, 500 mL	1@	4.47	BX
2281C		31 mmol-222 mmol per L, 1 L	1@	3.42	BX
5214K		31 mmol-222 mmol per L, 1 L	1@	3.42	BX
5215L		19 mmol-104 mmol per 500 mL, 500 mL	1@	4.47	BX
5216M		39 mmol-69 mmol per 500 mL, 500 mL	1@	4.47	BX
2286H	SODIUM LACTATE COMPOUND	1 L	1@	1.82	BR, PK, BX
9416N		500 mL	1@	1.28	BR, PK

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$		Manufacturer
2289L	SODIUM VALPROATE	200 mg (e.c.)	100@	11.75	AF, WA, SZ, QA
2290M		500 mg (e.c.)	100@	22.48	AF, WA, SZ, QA
2293Q		200 mg per 5 mL, 300 mL	1@	14.25	SW
2294R		100 mg	100@	12.79	SW
2295T		200 mg per 5 mL, 300 mL	1@	14.25	SW
9380Q	SORAFENIB	200 mg (as tosylate)	60@	3225.33	BN
2091C	SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE	3.125 g-450 mg-45 mg in 5 mL, 12	1@	12.93	JT, AE
5331N		3.125 g-450 mg-45 mg in 5 mL, 12	1@	12.93	JT, AE
5332P		3.125 g-450 mg-45 mg in 5 mL, 12	1@	12.93	JT, AE
9448G	SOY LECITHIN	10 mg per mL, 10 mL	1@	14.82	RB
5545W		10 mg per mL, 10 mL	1@	14.82	RB
8577K	SOY PROTEIN and FAT FORMULA with VITAMINS and MINERALS—CARBOHYDRATE FREE	384 mL	1@	5.53	AB
2093E	SULFASALAZINE	500 mg	100@	21.93	PF
2096H		500 mg (e.c.)	100@	23.91	FZ
9208P		500 mg	100@	21.93	PF
9209Q		500 mg (e.c.)	100@	23.91	FZ
8144P	SUMATRIPTAN	50 mg (as succinate)	2@	9.90	GK
8885P		50 mg (as succinate) (fast disintegrating)	2@	8.98	GK
2110C	TAMOXIFEN CITRATE	20 mg (base)	30@	27.39	AP
2088X	TEMAZEPAM	10 mg	25@	1.04	FM, AF, TX
5375X		10 mg	25@	1.04	FM, AF, TX
5376Y		10 mg	25@	1.04	FM, AF, TX
8819E	TEMOZOLOMIDE	5 mg	5@	56.56	MK, QA, WQ
8820F		20 mg	5@	157.22	MK, QA, WQ
8821G		100 mg	5@	670.94	MK, QA, WQ
9361Q		140 mg	5@	916.44	MK, QA, WQ
9160D	TERBINAFINE	10 mg per g, 15 g	1@	15.47	NC
8098F	TESTOSTERONE	100 mg	1@	33.86	MK
8099G		200 mg	1@	67.71	MK
2832C	TETRACOSACTRIN	1 mg in 1 mL	1@	12.97	NV
8221Q	TIAGABINE HYDROCHLORIDE	5 mg (base)	50@	33.11	OA
8222R		10 mg (base)	50@	66.21	OA
8223T		15 mg (base)	50@	95.23	OA
1356J	TOBRAMYCIN SULFATE	80 mg (base) in 2 mL	5@	29.30	HH
8872Y		80 mg (base) in 2 mL (without preservative)	5@	29.30	PF
2117K	TRIAMCINOLONE ACETONIDE	200 mcg per g, 100 g	1@	3.99	FM
2118L		200 mcg per g, 100 g	1@	3.99	FM
9308X	TRIGLYCERIDES, LONG CHAIN with GLUCOSE POLYMER	250 mL, 18	1@	55.56	VF
9309Y		1 L, 6	1@	74.40	VF
3128P	TRIGLYCERIDES, MEDIUM CHAIN	500 mL	1@	22.98	SB
9327X		250 mL	1@	26.00	SB
3136C	TRIGLYCERIDES, MEDIUM CHAIN and LONG CHAIN with GLUCOSE POLYMER	400 g	1@	36.14	SB
8478F	TRIGLYCERIDES—MEDIUM CHAIN, FORMULA	400 g	1@	51.86	SB
8629E		420 g	1@	57.63	SB
9383W		16 g, 30	1@	61.80	VF
9165J	TYROSINE with CARBOHYDRATE	4 g containing 1 g tyrosine, 30	1@	127.40	VF
8448P	URSODEOXYCHOLIC ACID	250 mg	100@	183.09	OA
8133C	VALACICLOVIR	500 mg (as hydrochloride)	10@	49.68	GK, GM, QA, TX, CH, TW, GN, AF, SZ, NV
9135T	VALINE with CARBOHYDRATE	4 g containing 50 mg valine, 30	1@	127.40	VF
9434M		4 g containing 1 g valine, 30	1@	140.14	VF
2270L	VANCOMYCIN	1 g	1@	10.10	HH, SZ, AF, WQ
3113W		125 mg	20@	112.92	AS
3114X		250 mg	20@	216.82	AS
3130R		500 mg	1@	5.05	HH, AS, SZ, AF, WQ
3131T		500 mg	1@	5.05	HH, AS, SZ, AF, WQ

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$		Manufacturer
3323X		500 mg	1@	5.05	HH, AS, SZ, AF, WQ
9129L	VARENICLINE	1 mg (as tartrate)	56@	112.64	PF
9009E	VINORELBINE	20 mg (as tartrate)	1@	98.33	FB
9010F		30 mg (as tartrate)	1@	145.85	FB
9328Y	VITAMINS, MINERALS and TRACE ELEMENTS with CARBOHYDRATE	200 g	1@	64.00	SB
9382T	WHEY PROTEIN FORMULA supplemented with AMINO ACIDS, LONG CHAIN POLYUNSATURATED FATTY ACIDS, VITAMINS and MINERALS, and low in PROTEIN, PHOSPHATE, POTASSIUM and LACTOSE	100 g, 10	1@	164.35	VF
8587Y	WHEY PROTEIN FORMULA supplemented with AMINO ACIDS, VITAMINS and MINERALS, and low in PROTEIN, PHOSPHATE, POTASSIUM and LACTOSE	400 g	1@	66.22	SB
8266C	ZOLMITRIPTAN	2.5 mg	2@	9.71	AP
9736K		2.5 mg	2@	11.09	AP
9390F	ZONISAMIDE	100 mg	56@	43.52	SA

Section 4

Drug Tariff

Container Prices

Standard Formulae Preparations

Table of Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Pharmaceutical Benefits

Drug Tariff

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		\$	\$	\$	\$
Acacia Mucilage (by weight)	APF 15	0.01	0.08	0.65	5.80
Acacia, powdered	BP	0.02	0.13	1.06	9.45
Acetic Acid (6 per cent)	BP	0.01	0.02	0.14	1.23
Acetic Acid (33 per cent)	BP	0.01	0.06	0.49	4.36
Acetone (use as additive only)	BP	0.01	0.10	0.76	6.76
Alum	BP	0.02	0.17	1.35	12.01
Aluminium Acetate Solution	BP	0.02	0.16	1.24	11.04
Anise Water Concentrated 1 in 40 (use as additive only)	BP	0.01	0.06	0.50	4.40
Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.02	0.19	1.72
Ascorbic Acid (for use only as an ingredient of ferrous sulfate mixtures)	BP	0.13	1.02	8.18	72.69
Aspirin	BP	0.06	0.49	3.88	34.50
Belladonna Tincture	BP	0.08	0.62	4.92	43.70
Benzocaine	BP	0.06	0.51	4.08	36.25
Benzoic Acid	BP	0.04	0.32	2.57	22.84
Benzoic Acid Compound Ointment	APF	0.01	0.11	0.87	7.78
Benzoic Acid Solution	BP	0.01	0.10	0.77	6.85
Benzoin Compound Tincture	BP	0.03	0.24	1.95	17.32
Boric Acid (use as additive only)	BP	0.01	0.05	0.39	3.45
Boric Acid, Olive Oil and Zinc Oxide Ointment	QHF	0.01	0.07	0.58	5.18
Calcium Hydroxide	BP	0.08	0.67	5.34	47.50
Calcium Hydroxide Solution	BP	0.01	0.02	0.14	1.21
Castor Oil (use as additive only)	BP	0.01	0.10	0.78	6.90
Cetomacrogol Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.03	0.26	2.31
Cetrimide Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.02	0.14	1.14	10.10
Chlorhexidine Acetate (use as additive only)	BP	0.55	4.42	35.34	314.13
Chlorhexidine Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.03	0.21	1.68	14.96
Chloroform (use as additive only)	BP	0.07	0.59	4.69	41.67

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		\$	\$	\$	\$
Chloroform Spirit	BP	0.01	0.07	0.55	4.88
Chloroform Water Concentrated 1 in 40	APF 15	0.01	0.09	0.68	6.08
Citric Acid Monohydrate	BP	0.02	0.12	0.98	8.73
Coal Tar	BP	0.12	0.98	7.83	69.60
Coal Tar Solution	BP	0.02	0.13	1.00	8.86
Cocaine Hydrochloride	BP	6.18	49.43	395.41	3514.75
Coconut Oil	BP	0.01	0.10	0.80	7.16
Codeine Linctus	APF	0.01	0.06	0.45	3.98
Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children)	BP	1.49	11.91	95.31	847.16
Collodion Flexible	BP	0.15	1.23	9.86	87.60
Dithranol	BP	4.12	32.95	263.61	2343.22
Emulsifying Ointment (for use only as a base combined with active ingredients)	BP	0.01	0.07	0.58	5.12
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	0.89	7.09	56.70	504.00
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.03	0.23	2.05
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.03	0.27	2.36
Ether Solvent (use as additive only)	BP	0.15	1.16	9.26	82.35
Eucalyptus Oil (use as additive only)	BP	0.02	0.13	1.03	9.12
Ferrous Sulfate	BP	0.11	0.91	7.31	65.00
Formaldehyde Solution	BP	0.10	0.80	6.39	56.79
Gentian Alkaline Mixture	APF	0.01	0.07	0.57	5.03
Glycerol	BP	0.01	0.06	0.47	4.16
Honey Purified (use as additive only)	BP 1993	0.01	0.02	0.16	1.40
Hydroxybenzoate Compound Solution	APF	0.07	0.55	4.38	38.97
Iodine	BP	0.23	1.81	14.50	128.89
Iodine Alcoholic Solution	BP	0.02	0.13	1.07	9.48
Iodine Aqueous Oral Solution	BP	0.03	0.22	1.75	15.57
Kaolin Mixture	BPC 1968	0.01	0.10	0.78	6.90
Kaolin and Opium Mixture	APF 14	0.01	0.09	0.69	6.10
Lactic Acid	BP	0.06	0.49	3.91	34.74
Lavender Spike Oil	BPC 1968	0.09	0.71	5.71	50.75
Liquorice Liquid Extract	BP	0.03	0.25	1.99	17.70
Magnesium Carbonate Light	BP	0.03	0.23	1.80	16.00
Magnesium Sulfate	BP	0.01	0.01	0.08	0.73

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		\$	\$	\$	\$
(may only be prescribed for other than oral use)					
Magnesium Trisilicate	BP	0.04	0.29	2.35	20.89
Menthol, Racemic or Levomenthol	BP	0.24	1.91	15.24	135.46
Methyl Hydroxybenzoate	BP	0.30	2.40	19.22	170.84
Methyl Hydroxybenzoate Solution	APF	0.03	0.25	2.03	18.05
Methylated Industrial Spirit (use as additive only)	BP	0.01	0.04	0.34	3.00
Olive Oil (use as additive only)	BP	0.02	0.12	0.94	8.33
Paraffin Hard	BP	0.01	0.05	0.43	3.82
Paraffin Liquid (may only be prescribed for other than oral use)	BP	0.01	0.03	0.24	2.16
Paraffin Light Liquid	BP	0.02	0.15	1.20	10.69
Paraffin Soft White	BP	0.01	0.04	0.34	3.02
Paraffin Soft Yellow	BP	0.01	0.06	0.48	4.28
Peppermint Oil (use as additive only)	BP	0.13	1.06	8.49	75.46
Peppermint Water Concentrated 1 in 40 (use as additive only)	APF 16	0.03	0.27	2.14	19.02
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	10.67	85.38	683.00	6071.11
Phenol Liquefied (not available for ear drops)	BP	0.17	1.37	10.94	97.20
Podophyllum Resin	BP	0.95	7.61	60.90	541.33
Potassium Citrate	BP	0.02	0.13	1.02	9.03
Potassium Iodide	BP	0.07	0.52	4.16	36.98
Potassium Permanganate	BP	0.03	0.23	1.85	16.40
Propyl Hydroxybenzoate	BP	0.25	2.02	16.12	143.29
Propylene Glycol	BP	0.01	0.09	0.68	6.04
Red Syrup	APF 15	0.02	0.13	1.07	9.50
Resorcinol	BP	0.28	2.23	17.81	158.31
Salicylic Acid	BP	0.03	0.22	1.74	15.49
Salicylic Acid Ointment	APF	0.02	0.12	0.92	8.18
Salicylic Acid Ointment	BP	0.02	0.12	0.92	8.18
Simple Ointment (white) (for use only as a base combined with active ingredients)	BP	0.02	0.15	1.20	10.63
Simple Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.16	1.31	11.65
Sodium Bicarbonate	BP	0.01	0.08	0.64	5.66

Drug	Standard	Recovery Prices			
		0.1 g/mL	1 g/mL	10 g/mL	100 g/mL
		\$	\$	\$	\$
Sodium Chloride	BP	0.02	0.13	1.03	9.12
Sodium Chloride Solution	BP	0.01	0.01	0.08	0.67
Sodium Citrate	BP	0.02	0.15	1.18	10.45
Sodium Thiosulfate (use as additive only)	BP	0.03	0.21	1.67	14.87
Starch	BP	0.02	0.14	1.11	9.89
Sulfur Ointment (for use only as a base combined with active ingredients)	BP 1980	0.02	0.15	1.21	10.78
Sulfur Precipitated	BP 1980	0.02	0.15	1.21	10.79
Syrup	BP	0.01	0.05	0.36	3.23
Talc Purified, sterilised	BP	0.02	0.19	1.49	13.28
Thymol	BP	0.23	1.81	14.50	128.89
Thymol Compound Mouth Wash	APF 15	0.01	0.10	0.78	6.93
Tragacanth Compound Powder	BP 1980	0.08	0.63	5.05	44.93
Tragacanth Mucilage	APF 13	0.01	0.04	0.33	2.95
Tragacanth Mucilage	BPC 1973	0.01	0.03	0.22	1.98
Tragacanth, powdered	BP	0.12	0.95	7.59	67.50
Trichloroacetic Acid	BP 1980	0.32	2.59	20.74	184.33
Triethanolamine	BP	0.05	0.41	3.26	29.00
Water For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	0.02	0.16	1.28	1.28
Water Purified	BP	0.01	0.01	0.06	0.54
Wool Alcohols Ointment (white) (for use only as a base combined with active ingredients)	BP	0.02	0.14	1.15	10.19
Wool Alcohols Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.14	1.15	10.19
Wool Fat	BP	0.02	0.14	1.14	10.17
Wool Fat Hydrous	BP	0.02	0.13	1.05	9.36
Zinc Compound Paste	BP	0.03	0.23	1.82	16.20
Zinc Cream (for use only as a base combined with active ingredients)	BP	0.01	0.07	0.57	5.10
Zinc Oxide	BP	0.01	0.11	0.89	7.88
Zinc and Salicylic Acid Paste	BP	0.02	0.16	1.31	11.62
Zinc Sulfate	BP	0.03	0.21	1.67	14.87

Container Prices

Container Prices

\$

DISPENSING BOTTLES –

25mL	0.89
50mL	0.85
100mL	0.82
200mL	0.97
500mL	1.94

POISON BOTTLES –

25mL	0.80
50mL	1.24
100mL	1.25
200mL	1.44
500mL	1.34

SCREW CAP JARS –

25g	0.93
50g	1.05
100g	1.95
200g	0.89
500g	1.29

DROPPER CONTAINERS –

15mL polythene	1.23
15mL glass	1.26

Dispensing Fee for Extemporaneously Prepared Benefits 8.46

Additional Fee for Agreed Price 1.44

Extemporaneously Prepared Benefits

Standard Formula Preparations

The following list is not intended to indicate in any way which particular formula an approved pharmacist should use in filling a prescription.

The prices shown in the column 'Dispensed Price for Max. Qty' are for the ingredients, the container and the dispensing fee. The prices shown in the column 'Maximum Recordable Value for Safety Net' are for the ingredients, the container and the dispensing fee and, where applicable, the additional fee for agreed price benefits.

KEY TO REFERENCES:

- APF Australian Pharmaceutical Formulary
- BP British Pharmacopoeia
- BPC British Pharmaceutical Codex
- QHF Queensland Hospital Formulary

Standard Formula Preparations

Code	Item	Reference	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net
			\$	\$
	CREAMS (Maximum Quantity 100 g and 1 Repeat)			
7502W	Salicylic Acid and Sulfur Aqueous	APF	12.80	14.24
	DUSTING POWDERS (Maximum Quantity 100 g and 1 Repeat)			
7458M	Zinc, Starch and Talc	APF 15 & BPC 1973	21.82	23.26
	EAR DROPS (Maximum Quantity 15 mL and 2 Repeats)			
7642F	Aluminium Acetate	APF	10.94	12.38
7643G	Aluminium Acetate	BP	11.55	12.99
7314Y	Sodium Bicarbonate	APF & BP	10.09	11.53
7313X	Spirit	APF	11.48	12.92
	INHALATIONS (Maximum Quantity 50 mL and 1 Repeat)			
7484X	Benzoin and Menthol	APF	21.35	22.79
7308P	Menthol	APF	12.76	14.20
7310R	Menthol and Eucalyptus	BP 1980	13.31	14.75
	LINCTUSES CONTAINING CODEINE PHOSPHATE (Maximum Quantity 100 mL and 0 Repeats)			
7530H	Codeine	APF	13.26	14.70
	LOTIONS (Maximum Quantity 200 mL and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	12.16	13.60
	MIXTURES, OTHER (Maximum Quantity 200 mL and 4 Repeats)			
7604F	Gentian Alkaline	APF	19.48	20.92
7348R	Kaolin	BPC 1968	23.22	24.66
7301G	Kaolin and Opium	APF 14	21.62	23.06
7342K	Magnesium Trisilicate	BPC 1968	16.61	18.05
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	21.41	22.85
	MOUTH WASHES (Maximum Quantity 200 mL and 1 Repeat)			
7457L	Thymol Compound	APF 15	23.75	25.19
	OINTMENTS (Maximum Quantity 100 g and 1 Repeat)			

Code	Item	Reference	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net
			\$	\$
7914M	Benzoic Acid Compound	APF	18.19	19.63
7914M	Benzoic Acid Compound (extemporaneous formula)	BP	18.19	19.63
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	15.59	17.03
7926E	Salicylic Acid	APF	18.59	20.03
7928G	Salicylic Acid (extemporaneous formula)	BP	18.59	20.03
	PAINTS (Maximum Quantity 25 mL and 1 Repeat)			
7567G	Podophyllin Compound	APF 16 & BP	42.68	34.20
7568H	Salicylic Acid	APF	34.44	34.20
	PASTES, OTHER (Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc	APF	26.61	28.05
7558T	Zinc Compound (extemporaneous formula)	BP	26.61	28.05
	POWDER FOR INTERNAL USE (Maximum Quantity 100 g and 2 Repeats)			
7545D	Magnesium Trisilicate	BP	30.24	31.68

Table of Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Benefits

Code	Preparation	Maximum Quantity	Number of Repeats
13Q	Creams	100 g	1
48M	Dusting Powders	100 g	1
15T	Ear Drops	15 mL	2
19B	Eye Drops containing Cocaine Hydrochloride	15 mL	..
22E	Eye Drops, Other	15 mL	5
23F	Eye Lotions	200 mL	2
29M	Inhalations	50 mL	1
64J	Linctuses containing Codeine Phosphate	100 mL	..
34T	Linctuses, Other	100 mL	2
39C	Lotions	200 mL	2
65K	Mixtures containing Codeine Phosphate	200 mL	..
40D	Mixtures, Other	200 mL	4
66L	Mixtures for Children containing Codeine Phosphate	100 mL	..
41E	Mixtures for Children, Other	100 mL	4
30N	Mouth Washes	200 mL	1
42F	Nasal Instillations	15 mL	2
43G	Ointments, Waxes	100 g	1
44H	Paints	25 mL	1
63H	Pastes containing Cocaine Hydrochloride	25 g	..
45J	Pastes, Other	100 g	1
49N	Powders for Internal Use	100 g	2
52R	Solutions	200 mL	2

Special Note: Purified Water BP is the minimum requirement for water in all PBS extemporaneous preparations.



Australian Government

Department of Health and Ageing

REPATRIATION SCHEDULE OF PHARMACEUTICAL BENEFITS

1 April 2012

The benefits listed in this Schedule may only be prescribed to Department of Veterans' Affairs beneficiaries holding a:

- Repatriation Health Card For All Conditions (gold); or
- Repatriation Health Card For Specific Conditions (white); or
- Repatriation Pharmaceutical Benefits Card (orange);

BENEFICIARIES' ENTITLEMENT CARDS AND ELIGIBILITY FOR REPATRIATION PHARMACEUTICAL BENEFITS

<p>Gold card</p> <p>This card is issued to those veterans of Australia's defence force, their widows/widowers and dependants entitled to treatment for all medical conditions.</p>	 <p>The image shows a gold-colored card with the Australian Government coat of arms and the text 'Australian Government Department of Veterans' Affairs'. The title is 'Repatriation Health Card For All Conditions Within Australia'. A large red 'SAMPLE' watermark is diagonally across the center. Below the watermark, it says 'File No.' and 'Card expires or on recall'.</p>
<p>White card</p> <p>A White Card is issued to Australian veterans or mariners under the Veterans' Entitlements Act 1986 with:</p> <ul style="list-style-type: none"> • an accepted war or service-caused injury or disease; • malignant cancer (neoplasia) whether war-caused or not; • pulmonary tuberculosis whether war-caused or not; • post-traumatic stress disorder whether war-caused or not; or • anxiety and/or depression whether war-caused or not. 	 <p>The image shows a white card with the Australian Government coat of arms and the text 'Australian Government Department of Veterans' Affairs'. The title is 'Repatriation Health Card - For Specific Conditions'. A large red 'SAMPLE' watermark is diagonally across the center. Below the watermark, it says 'File No.' and 'Card expires or on recall'.</p>
<p>Orange card</p> <p>Orange Repatriation pharmaceutical benefits cards are issued to Commonwealth and allied veterans and mariners who:</p> <ul style="list-style-type: none"> • have qualifying service from World War I or II and • are aged 70 or over and • have been resident in Australia for 10 years or more. 	 <p>The image shows an orange card with the Australian Government coat of arms and the text 'Australian Government Department of Veterans' Affairs'. The title is 'Repatriation Pharmaceutical Benefits Card'. A large red 'SAMPLE' watermark is diagonally across the center. Below the watermark, it says 'File No.' and 'Card expires or on recall'. At the bottom left, it says 'PHARMACEUTICALS ONLY'.</p>

For more information go to the Department of Veterans' Affairs website:
http://www.dva.gov.au/service_providers/treatment_cards/Pages/index.aspx

RPBS Explanatory Notes

Introduction

The Australian Repatriation System

- The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. In certain cases, treatment is also provided for accepted injuries or conditions that are not service-related or have occurred as a result of other than war service.
- Through the *Veterans' Entitlements Act 1986* the Department of Veterans' Affairs provides programs of compensation, income support and treatment for eligible veterans and their dependants. One of the defined benefits for eligible veterans is the Repatriation Pharmaceutical Benefits Scheme. This range of medications and dressings is more comprehensive than is available through the Pharmaceutical Benefits Scheme.

RPBS prescribing provisions

- Unless otherwise stated, Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions must conform with the requirements of Pharmaceutical Benefits Scheme (PBS) prescriptions, as detailed in Section 1 – Explanatory Notes in the *Schedule of Pharmaceutical Benefits* book. The prescriber shall ensure that a prescription contains the following details:
 - the category of benefit, i.e., RPBS, by placing a cross in the relevant box;
 - the patient's full name and address;
 - the prescription date;
 - the DVA file number of the patient as evidence of entitlement;
 - in the case of authority prescriptions, the Authority approval number or the four digit streamlined authority code;
 - the item, form, strength, quantity and directions;
 - the number of repeats, if applicable;
 - indicate when brand substitution is not permitted; and
 - the name, signature, the prescriber number and address of the prescriber.

Prior Approval Arrangements

- The prior approval of the Department is required to prescribe the following:
 - 'Authority required' items (excluding 'Authority required (STREAMLINED)' items) listed in either the PBS or RPBS Schedule;
 - increased quantities and/or repeats of items listed in either the PBS or RPBS Schedule;
 - items listed under section 100 of the *National Health Act 1953*; and
 - other items not listed in either Schedule (non-Schedule items).
- The above items are to be prescribed on the common PBS/RPBS authority prescription form in accordance with the directions stated in the Explanatory Notes in the *Schedule of Pharmaceutical Benefits* (See also information regarding dental prescribing and prescribing by optometrists under the RPBS in these Notes.)
- All Authority required prescriptions and requests for non-Schedule items must receive prior approval from the Department. This can be achieved by either:
 - using the Department's national free call number 1800 552 580; or
 - by mailing the written authority prescription to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) at the reply paid address shown at the end of these RPBS Explanatory Notes.
- Prior approval is not required from DVA to prescribe an Authority required (STREAMLINED) item (except where increased quantities and/or repeats are required). Instead the authority prescription form must include a four digit streamlined authority code.
- Some requests for prior approval (including some non-Schedule items) need to be referred by VAPAC to the Repatriation Pharmaceutical Reference Committee for consideration. In such cases a VAPAC pharmacist will advise the prescriber to submit a request in writing that provides the following information:
 - A current clinical report on the patient's condition (such as age, co-morbidities, renal, liver failure) and clinical reports including pathology, biochemistry, diagnostic and other investigations if appropriate.
 - Details of past and current therapy for the condition. Include details of PBS, RPBS and non-Schedule items utilised, and the results of those therapies.
 - Details of the proposed treatment regimen. Include intended dose and duration of treatment and objective measures of response.
 - When the proposed use of the item is outside the TGA-approved indications for use in Australia, provide copies of articles from peer reviewed publications supporting the proposed treatment.

- Signed, informed patient consent where the item is to be used for a non-TGA-approved indication.
- For items without Australian marketing approval, a copy of the TGA Special Access Scheme approval to prescribe the drug.
- Requests for prior approval to prescribe a non-Schedule (PBS or RPBS) item that is of the same therapeutic class (ATC level 3) as an item that is listed on the Schedule, will not be approved unless unequivocal clinical evidence is presented to demonstrate that the requested item is essential for effective treatment of the nominated patient.
- A pharmacist should not supply an item prescribed on an RPBS Authority Prescription Form unless the form has been approved and stamped by VAPAC, or has been endorsed by the prescriber with a telephone Authority approval number provided by VAPAC. Medicare Australia will not accept RPBS Authority prescriptions that have not been approved by the Department of Veterans' Affairs for payment.

Palliative Care Drugs

The following medications may be available, or made available in increased quantities or doses under prior approval arrangements for use only in the palliative care of terminal disease:

- clonazepam
- cyclizine
- dexamethasone
- disodium pamidronate
- fentanyl
- glycopyrrolate
- hyoscine butylbromide
- hyoscine hydrobromide
- ketamine
- midazolam
- octreotide
- For further information telephone VAPAC on 1800 552 580.

Dental Prescribing

- Under Department of Veterans' Affairs arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to treatment to which holders of the following cards are entitled:
 - a Gold Repatriation Health Card – For All Conditions; or
 - a White Repatriation Health Card – For Specific Conditions; or
 - an Orange Repatriation Pharmaceutical Benefits Card.
- Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the Pharmaceutical Benefits Scheme (PBS).
- Prescriptions for PBS Dental Schedule items for Gold, White and Orange Card holders are to be dispensed at the PBS concessional rate. Claims for payment by the dispensing pharmacist are to be included with other Repatriation prescriptions. The card holder is required to meet the cost of any applicable brand premium.
- When a non-PBS Dental Schedule item is prescribed for an eligible card holder, the LDO's private prescription form should be used. The dispensing pharmacist may charge the patient the full cost of the prescription. The patient may claim a refund for the full cost of a non-Schedule item from the Department if an itemised receipt (not a cash register receipt) and a copy of the prescription are provided.

Prescribing by optometrists

- Optometrists approved as 'PBS prescribers' may write RPBS prescriptions as outlined in Section 1 for medicines listed in Section 2 of the PBS Schedule as pharmaceutical benefits for optometrical use.
- Medicines in the optometrist list include non-Authority and Authority required items. Procedures for obtaining VAPAC approval to prescribe 'Authority required' optometrist items or increased quantities and/or repeats of optometrist items under the RPBS are the same as indicated under prior approval arrangements above.
- The list of medicines for prescribing by optometrists under the RPBS is the same as applies under the PBS. There are no optometrist listings in the RPBS Schedule for prescribing for veterans only. There is no provision for optometrist prescribers to request approval to prescribe items that are not included in the PBS optometrist list (non-Schedule items).
- Optometrist PBS/RPBS prescription forms are for use for prescribing non-Authority or Authority required optometrist items under the RPBS with one item per form only.

Provisions governing pricing and payment for RPBS benefits

Introduction

- Unless otherwise stated, the pricing and payment principles and arrangements for approved pharmacists supplying pharmaceutical benefits under the RPBS will be the same as those arrangements applying under the PBS.
- Where a pharmaceutical benefit that is not listed on the PBS or RPBS Schedule is dispensed on an RPBS Authority prescription, a pharmacist will price the benefit and enter the serial number, prescription identifying number and price on the sticker or stamp imprint affixed to the prescription.

Pricing of Schedule Items

- Items supplied under the RPBS from the PBS Schedule, both ready-prepared and extemporaneously-prepared, will be paid on the same basis as benefits supplied under the PBS. Items supplied under the RPBS from the Repatriation Schedule, including wound dressings, will be paid on the basis of the price as given in the Repatriation Pharmaceutical Benefits section (Section 1 – RPBS Schedule, Drugs, Medicines and Dressings) of the *Schedule of Pharmaceutical Benefits*.

Pricing of Non-Schedule Ready Prepared Items

- Non-Schedule ready-prepared items are to be priced on the basis of the invoiced, GST-exclusive wholesale price to pharmacists plus the appropriate PBS mark-up and the PBS dispensing fee. Where the item price to pharmacists is greater than \$100.00, a copy of the invoice pertaining to the supply of that item is to be submitted together with the appropriate copy of the authority prescription as part of the claim for payment.

Pricing of Non-Schedule Extemporaneously Prepared Items

- When an ingredient drug is not listed in the PBS Drug Tariff, the recovery price will be based on the invoiced wholesale price to pharmacists, increased by a mark-up of 100%, calculated in accordance with the directions contained in the pricing instructions for pricing of PBS extemporaneously-prepared benefits in this Schedule. The price paid by the pharmacist for the commercial pack from which the ingredient is used shall be endorsed on the prescription form.

Miscellaneous Pricing Rules

- The price to pharmacists used as the basis of pricing will be the invoiced, GST-exclusive price from the wholesaler.
- If multiple quantities of a manufacturer's original pack are supplied, the PBS mark-up is applied to the price to pharmacist of each pack and then totalled. The PBS dispensing fee, and the PBS dangerous drug fee if applicable, are then added to the total of the marked-up prices.
- When the quantity prescribed corresponds with the quantity of a manufacturer's original pack, in no circumstances will the price payable for one pack exceed that payable for multiples or combinations of packs to supply the quantity prescribed.
- The list of ingredient drugs and prices included in the PBS Drug Tariff are common to both the PBS and RPBS. Certain restrictions apply regarding the prescribing and dispensing of some of these ingredient drugs as pharmaceutical benefits, e.g., use as additive only.
- For items prescribed generically, including non-Schedule and wound dressings, the pharmacist should indicate on the prescription the quantity and brand supplied. If prescriptions are not endorsed, the Department will pay the lowest priced acceptable product available.

General

Packaging Material, Postage or Freight

- Payment to a pharmacist for the costs of packaging materials, postage or freight required to supply a pharmaceutical benefit is to be paid by the patient, who may then claim reimbursement from the Department through the provision of a pharmacist's itemised receipt.

Payment for Items Supplied at Short Intervals

- For all items dispensed at specific short intervals of time, the Department will pay a separate PBS dispensing fee for each occasion that the drug is supplied and which is acknowledged on receipt by the patient or agent.
- The price payable on the items supplied will be based on the individual dose quantity supplied. Where applicable, a PBS dangerous drug fee and a minimum container charge will be payable for each supply.

Receipts for Patient Charges

- Where a charge is paid by a patient in any of the circumstances of paragraphs 13 or 24, the pharmacist is required to provide a printed receipt to the patient with the details of the items or services provided, the amount paid, date of supply and the patient's name and address. The patient may apply for reimbursement from the Department.

Special Patient Contributions

- The Special Patient Contribution for items listed as Special Pharmaceutical Benefits in the PBS Schedule is not payable by veterans entitled to pharmaceutical benefits under the RPBS. Eligible veterans receiving Special Pharmaceutical Benefits under the RPBS are

required to pay only the concessional patient contribution and any applicable brand premium. If a Safety Net Entitlement card is held, the veteran should receive a Special Pharmaceutical Benefit free of charge, subject to any brand premium applicable. Medicare Australia will reimburse the dispensing pharmacist the total dispensed price, less the concessional patient contribution and/or brand premium if applicable.

Therapeutic Group Premiums — Authority Processing

Items attracting a therapeutic group premium are dual listed. Dispensing pharmacists are therefore required to select the appropriate code for those items that are dual listed as authority and non-authority items, in order to correctly charge the patient and claim from Medicare Australia. Those authority prescriptions that grant exemption from a therapeutic group premium will have the letters 'TPX' at the beginning of the telephone Authority approval number, or, in the case of a written approval, will be stamped with the words "This prescription does not attract a therapeutic group premium".

DEPARTMENT OF VETERANS' AFFAIRS

Authority Prescription Applications

Applications for authority to prescribe under the Repatriation Pharmaceutical Benefits Scheme (RPBS) should be sent to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) using the free postal service:

REPLY PAID 9998
VAPAC (Veterans' Affairs Pharmaceutical Advisory Centre)
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

For RPBS enquiries and telephone approvals 24 hours a day the Freecall number is:

1800 552 580

Departmental pharmacists answer applications for prior approval for non-Schedule items and Authority application calls.

REPATRIATION PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 April 2012. The Schedule is updated on the first day of each month and is available on the Internet at www.pbs.gov.au.

Deletions

Deletion – Item

4081T **Dextropropoxyphene Napsylate**, Capsule 100 mg (*Doloxene*)

Deletion – Brand

4408B *Hamilton Pine Tar Solution, VT – Pine Tar with Triethanolamine Lauryl Sulfate*, Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL

Alterations

Alteration – Item Description

From:

4935R **Dressing with Cadexomer Iodine**, Sachets 5 g (6 cm x 4 cm), 5 (*Iodosorb 66051330*)

To:

4935R **Dressing with Cadexomer Iodine**, Sheets 5 g (6 cm x 4 cm), 5 (*Iodosorb 66051330*)

From:

4937W **Dressing with Cadexomer Iodine**, Sachets 17 g (10 cm x 8 cm), 2 (*Iodosorb 66051360*)

To:

4937W **Dressing with Cadexomer Iodine**, Sheets 17 g (10 cm x 8 cm), 2 (*Iodosorb 66051360*)

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Section 1

Drugs, Medicines and Dressings

Alimentary tract and metabolism

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	
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Alimentary tract and metabolism

Stomatological preparations

Stomatological preparations

Antiinfectives and antiseptics for local oral treatment

CHLORHEXIDINE GLUCONATE								
4161B	Mouth wash 2 mg per mL (0.2%), 250 mL	†1	..	..	11.89	5.80	Plaqacide	OB
4204G	Mouth wash 2 mg per mL (0.2%), 300 mL	†1	..	..	15.28	5.80	Savacol Mouth and Throat Rinse	OM

Other agents for local oral treatment

CARMELLOSE SODIUM								
4568K	Mouth spray 10 mg per mL, 25 mL	†1	1	..	10.79	5.80	Aquae	VT
4569L	Mouth spray 10 mg per mL, 100 mL	†1	..	..	12.46	5.80	Aquae	VT

Drugs for acid related disorders

Antacids

Calcium compounds

CALCIUM CARBONATE with GLYCINE

Note

For patients with chronic renal failure.

4055K	Tablet 420 mg-180 mg	200	5	..	*23.18	5.80	Titralac	MM
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Combinations and complexes of aluminium, calcium and magnesium compounds

ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE								
4118R	Oral suspension 400 mg-400 mg-30 mg per 5 mL, 500 mL	2	5	..	*22.64	5.80	Mylanta Double Strength	JT
4453J	Tablet 400 mg-400 mg-40 mg	200	5	..	*46.12	5.80	Mylanta Double Strength	JT

Drugs for functional gastrointestinal disorders

Drugs for functional bowel disorders

Synthetic anticholinergics, esters with tertiary amino group

MEBEVERINE HYDROCHLORIDE								
4328T	Tablet 135 mg	90	..	..	26.91	5.80	^a Colese	AF
				..	32.09	5.80	^a Colofac	AB

Belladonna and derivatives, plain

Belladonna alkaloids semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE								
4279F	Injection 20 mg in 1 mL	5	..	..	24.21	5.80	Buscopan	BY

Laxatives

Laxatives

Softeners, emollients

DOCUSATE SODIUM								
4200C	Tablet 50 mg	100	2	..	14.31	5.80	Coloxyl 50	FM

Alimentary tract and metabolism

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	
Contact laxatives								
DOCUSATE SODIUM with SENNA								
4028B	Tablet 50 mg-8 mg	100	2	..	14.41	5.80	Soflax	GM
4198Y	Tablet 50 mg-8 mg	90	2	..	16.70	5.80	Coloxyl with Senna	FM
SENNA STANDARDISED								
4455L	Tablet 7.5 mg	100	1	..	13.86	5.80	Senokot	RC
Bulk producers								
ISPAGHULA HUSK								
4285M	Sachets 3.5 g, 30	1	1	..	17.64	5.80	Fybogel	RC
PSYLLIUM HYDROPHILIC MUCILLOID								
4419N	Oral powder (orange-flavoured, sugar-free) 283 g	1	1	..	21.67	5.80	Fibre Health Orange Smooth Sugar Free	PP
							Metamucil Smooth Texture Orange	PY
4422R	Oral powder (non-flavoured) 336 g	1	1	..	21.67	5.80	Fibre Health Natural Granular Metamucil Regular	PP PY
PSYLLIUM HYDROPHILIC MUCILLOID with HIGH AMYLOSE MAIZE STARCH								
4416K	Oral powder 2.7 g-0.7 g per 7.5 g, 440 g	1	1	..	21.27	5.80	Nucolox	QA
STERCULIA with FRANGULA BARK								
4558X	Granules 620 mg-80 mg per g (62%-8%), 500 g	1	1	..	26.37	5.80	Normacol Plus	NE
Enemas								
SORBITOL with SODIUM CITRATE and SODIUM LAURYL SULFOACETATE								
4462W	Enemas 3.125 g-450 mg-45 mg in 5 mL, 4	1	..	..	12.10	5.80	Micolette Microlax	AE JT
Other laxatives								
GLYCEROL								
<u>Restricted benefit</u>								
Short-term use when oral laxative therapy has failed or is inappropriate.								
4246L	Suppositories 2.8 g (for adults), 12	3	..	..	*20.40	5.80	Petrus Pharmaceuticals Pty Ltd	PP

Antibesity preparations, excl. diet products

Antibesity preparations, excl. diet products

Peripherally acting antiobesity products

ORLISTAT

Authority required

For the treatment of obese patients.

Total treatment will not exceed 12 months from initial application.

Patients are eligible for 1 continuous treatment in a lifetime.

The patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).

Initial treatment for patients who meet the following criteria to qualify:

- (a) Body Mass Index (BMI) greater than or equal to 35 with no known co-morbidities; or
- (b) BMI greater than or equal to 30 with 1 or more of the following co-morbidities:

Alimentary tract and metabolism

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
	(i) diabetes; (ii) ischaemic heart disease; (iii) psychiatric conditions; (iv) hypertension. The prescriber must provide the following: (a) initial body weight; and (b) BMI.						
	Continuing treatment for patients who have previously been issued with an authority prescription for orlistat. After 3 months and up to 6 months following commencement of orlistat treatment, patient's initial body weight must have been reduced by 2.5 kg or 2.5% (whichever is the lesser).						
	Continuing treatment for patients who have previously been issued with an authority prescription for orlistat. After 6 months and up to 12 months following commencement of orlistat treatment, patient's initial body weight must have been reduced by 5 kg or 5% (whichever is the lesser).						
	Note The patient should be ideally enrolled in an exercise program and be receiving supplemental vitamins.						
4570M	Capsule 120 mg	84	2	..	140.16	5.80	Xenical RO

Vitamins

Vitamin B₁, plain and in combination with vitamin B₆ and vitamin B₁₂

Vitamin B₁, plain

4043T	THIAMINE HYDROCHLORIDE Tablet 100 mg	100	2	..	11.50	5.80	Betamin	SW
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Vitamin B-complex, incl. combinations

Vitamin B-complex, plain

4493L	VITAMIN B GROUP COMPLEX Oral liquid 200 mL	‡1	2	..	13.34	5.80	Accomin Adult Tonic	PF
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Mineral supplements

Calcium

Calcium

CALCIUM

Restricted benefit

Hypocalcaemia;

Osteoporosis;

Proven calcium malabsorption.

4082W	Tablet 600 mg (as carbonate)	120	1	..	14.31	5.80	CAL-600	PP
4333C	Tablet (chewable) 500 mg (as carbonate)	120	1	..	*18.44	5.80	Cal-Sup	IA

CALCIUM

Restricted benefit

Hyperphosphataemia in chronic renal failure.

4094L	Tablet (chewable) 500 mg (as carbonate)	240	1	..	*30.46	5.80	Cal-Sup	IA
4142B	Tablet 600 mg (as carbonate)	240	1	..	*22.20	5.80	CAL-600	PP

Other mineral supplements

Magnesium

MAGNESIUM

Restricted benefit

Patients with documented hypomagnesaemia.

Alimentary tract and metabolism

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price	Maximum	Brand Name and Manufacturer	
					for Max. Qty	Recordable Value for		
					\$	Safety Net		
						\$		
4321K	Tablet 37.4 mg (as aspartate dihydrate)	50	..	..	13.70	5.80	Mag-Sup	PP
				..	14.39	5.80	Magmin	BB

Blood and blood forming organs

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
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Blood and blood forming organs

Antithrombotic agents

Antithrombotic agents

Platelet aggregation inhibitors excl. heparin

ASPIRIN

4076M	Tablet 100 mg (with glycine)	90	1	..	15.67	5.80	Cardiprin 100	RC
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ASPIRIN

Note

The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.

4077N	Tablet 100 mg (enteric coated)	84	1	..	13.71	5.80	Cartia	GC
4078P	Capsule 100 mg (containing enteric coated pellets)	84	1	..	14.62	5.80	Astrix	YN

CLOPIDOGREL

Authority required

For use in patients pre- and post-angioplasty.

4179Y	Tablet 75 mg (as hydrogen sulfate)	28	3	..	50.05	5.80	Iscover ^a Plavix ^a	BQ SW
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Blood substitutes and perfusion solutions

Irrigating solutions

Salt solutions

SODIUM CHLORIDE

4460R	Irrigation solution 9 mg per mL (0.9%), 500 mL	‡1	2	..	10.33	5.80	Baxter Healthcare Pty Ltd	BX
4461T	Irrigation solution 9 mg per mL (0.9%), 1 L	‡1	2	..	10.65	5.80	Baxter Healthcare Pty Ltd	BX

Cardiovascular system

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	
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Cardiovascular system

Vasoprotectives

Agents for treatment of hemorrhoids and anal fissures for topical use

Corticosteroids

HYDROCORTISONE with CINCHOCAINE HYDROCHLORIDE

Caution

Long-term use may lead to skin atrophy.

4036K	Ointment 5 mg-5 mg per g (0.5%-0.5%), 30 g	‡1	..	..	22.53	5.80	Proctosedyl	SW
4038M	Suppositories 5 mg-5 mg, 12	‡1	..	..	21.24	5.80	Proctosedyl	SW

Other agents for treatment of hemorrhoids and anal fissures for topical use

ZINC OXIDE

4039N	Compound ointment 50 g	‡1	1	..	14.44	5.80	Anusol	JT
4040P	Compound suppositories, 12	‡1	1	..	13.35	5.80	Anusol	JT

Dermatologicals

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	
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Dermatologicals

Antifungals for dermatological use

Antifungals for topical use

Antibiotics

4001N	NYSTATIN Cream 100,000 units per g, 15 g	‡1	1	..	12.49	5.80	Mycostatin	FM
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Imidazole and triazole derivatives

4004R	CLOTRIMAZOLE Cream 10 mg per g (1%), 20 g	‡1	1	..	8.84	5.80	Clonea	AF
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KETOCONAZOLE

Restricted benefit

Severe seborrhoeic dermatitis.

4007X	Shampoo 20 mg per g (2%), 100 mL	‡1	19.37	5.80	Sebizole	GM
4008Y	Shampoo 20 mg per g (2%), 60 mL	‡1	18.31	5.80	Nizoral 2%	JT

MICONAZOLE

4341L	Tincture 20 mg per mL (2%), 30 mL	‡1	1	..	19.47	5.80	Daktarin	JT
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MICONAZOLE NITRATE

3400Y	Cream 40 g (2% miconazole)	‡1	1	..	13.68	5.80	Resolve Thrush	EO
4454K	Cream 20 mg per g (2%), 30 g	‡1	1	..	14.79	5.80	Daktarin	JT

Other antifungals for topical use

AMOROLFINE HYDROCHLORIDE

Restricted benefit

Onychomycosis.

4010C	Nail treatment kit containing nail lacquer 50 mg (base) per mL (5%), 5 mL, 60 isopropyl alcohol cleaning pads, 10 spatulas and 30 nail files	‡1	1	..	96.14	5.80	Loceryl	GA
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CICLOPIROX OLAMINE

Restricted benefit

Severe seborrhoeic dermatitis.

4106D	Shampoo 15 mg per g (1.5%), 60 mL	‡1	16.56	5.80	Stieprox Liquid	GK
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TERBINAFINE

Restricted benefit

Tinea pedis.

4463X	Gel 10 mg per g (1%), 15 g	‡1	23.35	5.80	Lamisil DermGel	NC
4473K	Cream containing terbinafine hydrochloride 10 mg per g (1%), 15 g	‡1	1	..	21.89	5.80	Lamisil	NC

TOLNAFTATE

4481W	Spray aerosol 0.7 mg per g (0.07%), 100 g	‡1	15.09	5.80	Tinaderm	MK
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Dermatologicals

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
Antifungals for systemic use <i>Antifungals for systemic use</i>							
TERBINAFINE <u>Authority required</u> Onychomycosis due to dermatophyte infection proven by microscopy or culture and confirmed by an approved pathology provider.							
4011D	Tablet 250 mg (as hydrochloride)	42	1	..	69.20	5.80 ^a	Lamisil (Novartis Pharmaceuticals Australia Pty Limited) ^a Tamsil ^a Terbihexal ^a Terbinafine-DP ^a Tinasil
							NV QA SZ GN AF

Emollients and protectives

Emollients and protectives

Silicone products

DIMETHICONE with GLYCEROL

Restricted benefit

For colostomy and ileostomy use;

For use by paraplegic and quadriplegic patients;

For use with surgical appliances.

4551M	Cream 150 mg-20 mg per g (15%-2%), 500 g	‡1	..	..	26.41	5.80	Silic 15	EO
4556T	Cream 150 mg-20 mg per g (15%-2%), 75 g	‡1	..	..	12.53	5.80	Silic 15	EO

Soft paraffin and fat products

WOOL ALCOHOLS

4041Q	Ointment 100 g	‡1	1	..	14.18	5.80	Eucerin	BE
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Carbamide products

UREA

4042R	Cream 100 mg per g (10%), 100 g	‡1	2	..	12.19	5.80	Aquacare H.P.	AG
				..	12.45	5.80	Urederm	VT
				..	12.77	5.80	Calmurid	OL

Other emollients and protectives

CARMELLOSE SODIUM with PECTIN and GELATIN

4518T	Paste 167 mg-167 mg-167 mg per g (16.7%-16.7%- 16.7%), 5 g	‡1	11.85	5.80	Orabase	QA
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SKIN EMOLLIENT

4107E	Lotion 500 mL	‡1	2	..	17.35	5.80	Alpha Keri Lotion	MT
4122Y	Bath oil 500 mL	‡1	2	..	17.35	5.80	Alpha Keri Bath Oil	MT
				..	19.76	5.80	QV Bath Oil	EO
				..	19.85	5.80	Hamilton Skin Therapy Oil	VT

Protectives against UV-radiation

Protectives against UV-radiation for topical use

SUNSCREENS

4307Q	Cream 75 g	‡1	2	..	17.02	5.80	Sunsense Sensitive	EO
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Dermatologicals

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	
4543D	Solid stick 4.5 g	‡1	2	..	12.30	5.80	SPF 30+ Hamilton Solastick	VT
4544E	Cream 100 g	‡1	2	..	16.07	5.80	Hamilton Sunscreen Family Sunscreen Cream SPF 15	VT
4546G	Lotion (non-alcoholic) 125 mL	‡1	2	..	15.98	5.80	Aquasun Lotion SPF 18	PF
				..	16.07	5.80	Hamilton Sunscreen Family Sunscreen Milk SPF 15	VT
				..	16.99	5.80	SunSense Ultra SPF 30+	EO

Antipruritics, incl. antihistamines, anesthetics, etc.

Antipruritics, incl. antihistamines, anesthetics, etc.

Anesthetics for topical use

LIGNOCAINE HYDROCHLORIDE with CARBOXYMETHYLCELLULOSE

4308R	Mucilage 20 mg-25 mg per mL (2%-2.5%), 200 mL	‡1	79.35	5.80	Xylocaine Viscous	AP
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Other antipruritics

PINE TAR with TRIETHANOLAMINE LAURYL SULFATE

Note

For patients who have failed to respond to simple moisturising agents.

4408B	Solution 23 mg-60 mg per mL (2.3%-6%), 500 mL	‡1	2	..	22.92	5.80	Pinetarsol	EO
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Antipsoriatics

Antipsoriatics for topical use

Tars

ALLANTOIN with SULFUR, PHENOL, COAL TAR SOLUTION and MENTHOL

4505D	Gel 25 mg-5 mg-5 mg-0.05 mL-7.5 mg per g (2.5%-0.5%-0.5%-5%-0.75%), 30 g	‡1	2	..	16.02	5.80	Egopsoryl-TA	EO
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Antibiotics and chemotherapeutics for dermatological use

Antibiotics for topical use

Other antibiotics for topical use

MUPIROCIN

Restricted benefit

For the topical treatment of secondarily infected traumatic skin lesions.

4348W	Cream 20 mg (as calcium) per g (2%), 15 g	‡1	..	..	16.28	5.80	Bactroban	GK
4350Y	Ointment 20 mg per g (2%), 15 g	‡1	..	..	16.28	5.80	Bactroban	GK

Chemotherapeutics for topical use

Antivirals

PODOPHYLLOTOXIN

Authority required

For the treatment of ano-genital warts.

4390C	Cream 1.5 mg per g (0.15%), 5 g	‡1	52.66	5.80	Wartec Cream	GK
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Dermatologicals

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	
4566H	Paint 5 mg per mL (0.5%), 3.5 mL (with 30 swabs)	‡1	..	..	39.75	5.80	Condyline Paint	NQ

Corticosteroids, dermatological preparations

Corticosteroids, plain

Corticosteroids, potent (group III)

BETAMETHASONE VALERATE

4131K	Cream 1 mg (base) per g (0.1%), 30 g	‡1	2	..	22.43	5.80	Betnovate	QA
4132L	Ointment 1 mg (base) per g (0.1%), 30 g	‡1	2	..	22.43	5.80	Betnovate	QA

MOMETASONE FUROATE

Note

Application to large areas of skin for longer than four weeks is not recommended.

4342M	Cream 1 mg per g (0.1%), 50 g	‡1	..	..	30.78	5.80	Elocon	MK
4343N	Ointment 1 mg per g (0.1%), 50 g	‡1	..	..	30.78	5.80	Elocon	MK

Corticosteroids, combinations with antibiotics

Corticosteroids, moderately potent, combinations with antibiotics

TRIAMCINOLONE ACETONIDE with NEOMYCIN SULFATE, GRAMICIDIN and NYSTATIN

Caution

For the short-term treatment of localised infective eczema only.

4482X	Ointment 1 mg-2.5 mg (base)-250 micrograms-100,000 units per g (0.1%-0.25% (base)-0.025%- 100,000 units in 1 g), 15 g	‡1	19.09	5.80	Kenacomb	QA
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Antiseptics and disinfectants

Antiseptics and disinfectants

Iodine products

POVIDONE-IODINE

4411E	Solution 100 mg per mL (10%), 100 mL	‡1	22.11	5.80	Betadine Antiseptic Liquid	SW
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Other dermatological preparations

Other dermatological preparations

Antihidrotics

DIPHEMANIL METHYLSULFATE

4191N	Dusting powder 20 mg per g (2%), 50 g	‡1	1	..	17.74	5.80	Prantal	MK
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Medicated shampoos

PINE TAR with CADE OIL, COAL TAR SOLUTION, ARACHIS OIL EXTRACT OF CRUDE COAL TAR and OLEYL ALCOHOL

4405W	Scalp cleanser 3 mg-3 mg-1 mg-3 mg-10 mg per mL (0.3%-0.3%-0.1%-0.3%-1%), 300 mL	‡1	2	..	21.03	5.80	Polytar	GK
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SALICYLIC ACID with COAL TAR SOLUTION

4560B	Scalp cleanser 20 mg-50 mg per mL (2%-5%), 200 mL	‡1	2	..	20.38	5.80	Ionil-T	GA
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SALICYLIC ACID with COAL TAR SOLUTION and PINE TAR

4447C	Scalp cleanser 20 mg-10 mg-10 mg per mL (2%-1%-1%), 250 mL	‡1	2	..	18.84	5.80	Sebitar	EO
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Dermatologicals

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	
SELENIUM SULFIDE								
4452H	Shampoo 25 mg per mL (2.5%), 125 mL	‡1	..	..	14.14	5.80	Selsun	DQ
<i>Wart and anti-corn preparations</i>								
SALICYLIC ACID								
4389B	Gel 270 mg per g (27%), 15 g	‡1	..	..	19.54	5.80	Duofilm Gel	GK
SALICYLIC ACID with LACTIC ACID								
4386W	Liquid 167 mg-167 mg per g (16.7%-16.7%), 15 mL	‡1	..	..	18.15	5.80	Duofilm Solution	GK
<i>Other dermatologicals</i>								
ALLANTOIN with GLYCEROL and ICHTHAMMOL								
<u>Note</u>								
For patients who have failed to respond to simple moisturising agents.								
4280G	Ointment 5 mg-10 mg-10 mg per g (0.5%-1%- 1%), 50 g	‡1	2	..	18.10	5.80	Egoderm Ointment	EO
4281H	Cream 5 mg-10 mg-10 mg per g (0.5%-1%-1%), 50 g	‡1	2	..	18.10	5.80	Egoderm Cream	EO
CATIONIC CONDITIONER with PANTHENOL								
<u>Note</u>								
To be used in conjunction with the scalp cleanser salicylic acid with coal tar solution and pine tar (code 4447C).								
4510J	Cream 200 g	‡1	2	..	14.25	5.80	SebiRinse	EO
DICLOFENAC SODIUM								
<u>Authority required</u>								
For the management of actinic keratoses in patients where other standard treatments are inappropriate, and topical drug therapy is required as field treatment for clinically visible and subclinical lesions.								
<u>Note</u>								
Maximum quantity of four tubes (original + 3 repeats) in 12 months.								
4046Y	Gel 30 mg per g (3%), 25 g	‡1	3	..	58.19	5.80	Solaraze 3% Gel	CS
IMIQUIMOD								
<u>Authority required</u>								
Primary treatment of histopathologically confirmed superficial basal cell carcinoma where other standard treatments are inappropriate and topical drug therapy is required.								
4559Y	Cream 50 mg per g (5%), 250 mg single use sachets, 12	1	1	..	159.95	5.80	Aldara	IA
<hr/>								
IMIQUIMOD								
<u>Authority required</u>								
Treatment of solar keratosis on the face and scalp in patients where other standard treatments are inappropriate and topical drug therapy is required as field treatment for clinically visible and subclinical lesions.								
4134N	Cream 50 mg per g (5%), 250 mg single use sachets, 12	1	1	..	159.95	5.80	Aldara	IA
SKIN CLEANSER								
4549K	Lotion 500 mL	‡1	2	..	20.74	5.80	Hamilton Skin Therapy Wash	VT
ZINC OXIDE with STARCH and CHLORPHENESIN								
4497Q	Dusting powder 100 g	‡1	1	..	12.26	5.80	Z.S.C.	OA

Genito urinary system and sex hormones

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	
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Genito urinary system and sex hormones

Gynecological antiinfectives and antiseptics

Antiinfectives and antiseptics, excl. comb. with corticosteroids

Antibiotics

4013F	NYSTATIN Vaginal cream 100,000 units per dose, 15 doses, 75 g	‡1	1	..	13.79	5.80	Nilstat	QA
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Imidazole derivatives

4016J	CLOTRIMAZOLE Vaginal cream 50 mg per 5 g (1%), 35 g	‡1	15.08	5.80	APO-Clotrimazole 6 Day Cream	TX
4017K	Vaginal cream 100 mg per 5 g (2%), 20 g	‡1	..	..	15.08	5.80	APO-Clotrimazole 3 Day Cream	TX

Other gynecologicals

Other gynecologicals

4434J	RICINOLEIC ACID with ACETIC ACID and HYDROXYQUINOLINE SULFATE Vaginal jelly 7 mg-9.4 mg-250 micrograms per g (0.7%-0.94%-0.025%), 100 g	‡1	32.90	5.80	Aci-Jel	CU
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Urologicals

Other urologicals, incl. antispasmodics

Drugs used in erectile dysfunction

ALPROSTADIL

Authority required

Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

4579B	Intracavernosal injection 10 micrograms with diluent in single use syringe	6	3	..	*82.62	5.80	Caverject Impulse	PF
4580C	Intracavernosal injection 20 micrograms with diluent in single use syringe	6	3	..	*103.62	5.80	Caverject Impulse	PF

SILDENAFIL CITRATE

Authority required

Specific accepted war-caused or service-related disabilities for males with vasculogenic, psychogenic or neurogenic erectile dysfunction.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

4584G	Tablet 25 mg (base)	4	5	..	60.68	5.80	Viagra	PF
4585H	Tablet 50 mg (base)	4	5	..	75.49	5.80	Viagra	PF
4586J	Tablet 100 mg (base)	4	5	..	81.12	5.80	Viagra	PF

TADALAFIL

Note

Any queries concerning the arrangements to prescribe tadalafil 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 PAH agents should be forwarded to:

Medicare Australia
Prior Written Approval of Specialised Drugs

Genito urinary system and sex hormones

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

Reply Paid 9826
GPO Box 9826
HOBART TAS 7001;

Note

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of agents for primary pulmonary hypertension and pulmonary arterial hypertension. Where the term PAH agents appears in the following notes and restrictions it refers to bosentan monohydrate, iloprost trometamol, epoprostenol sodium, sildenafil citrate, ambrisentan and tadalafil.

Patients are eligible for PBS-subsidised treatment with only 1 of the above PAH agents at any 1 time. Eligible patients may only swap between PAH agents if they have not failed prior PBS-subsidised treatment with that agent.

PAH agents are not PBS-subsidised for patients with pulmonary hypertension secondary to interstitial lung disease associated with connective tissue disease, where the total lung capacity is less than 70% of that predicted.

The following provides some explanatory notes regarding the availability of PBS-subsidised treatment of patients with:

- (a) bosentan monohydrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology), in patients with disease of WHO Functional Class III or IV severity; AND
- (b) iloprost trometamol, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
 - drug-induced pulmonary arterial hypertension, in patients with disease of WHO Functional Class III and IV severity; AND
- (c) epoprostenol sodium, of:
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity and who have failed to respond to prior PBS-subsidised treatment with an alternate PAH agent; AND
 - primary pulmonary hypertension, or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class IV severity; AND
- (d) sildenafil citrate, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity; AND
- (e) ambrisentan, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III or IV severity; AND
- (f) tadalafil, of primary pulmonary hypertension or pulmonary arterial hypertension secondary to connective tissue disease, in patients with disease of WHO Functional Class III severity.

From 1 April 2012, patients can access PAH agents through the PBS according to the relevant restrictions. Once these patients are approved initial treatment with 1 of these 6 drugs, they may swap between PAH agents at any time without having to re-qualify for treatment with the alternate agent. This means that patients may commence treatment with the alternate agent, subject to that agent's restriction, irrespective of the severity of their disease at the time the application to swap therapy is submitted. It also means that no new baseline measurements will be necessary. (New baselines may be submitted where the patient has failed to respond to their current treatment.)

1. Definition of primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology).

Primary pulmonary hypertension, drug-induced pulmonary arterial hypertension, pulmonary arterial hypertension secondary to connective tissue disease, including scleroderma, or pulmonary arterial hypertension associated with a congenital systemic-to-pulmonary shunt (including Eisenmenger's physiology) are defined as follows:

- (i) mean pulmonary artery pressure (mPAP) greater than 25 mmHg at rest and pulmonary capillary wedge pressure (PCWP) less than 18 mmHg; or
- (ii) mPAP greater than 30 mmHg with exercise and PCWP less than 18 mmHg; or
- (iii) where a right heart catheter cannot be performed on clinical grounds, right ventricular systolic pressure (RVSP), assessed by echocardiography (ECHO), greater than 40 mmHg, with normal left ventricular function.

2. Definition of WHO Functional Class III or IV disease severity.

(a) WHO Functional Class III disease severity is defined as follows:

Patients with pulmonary hypertension resulting in marked limitation of physical activity who are comfortable at rest and on ordinary physical activity experience dyspnoea or fatigue, chest pain or near syncope.

(b) WHO Functional Class IV disease severity is defined as follows:

Patients with the inability to carry out any physical activity without symptoms. These patients manifest signs of right heart failure. Dyspnoea and/or fatigue may even be present at rest. Discomfort is increased by any physical activity.

3. Designated hospitals.

Refer to the Medicare Australia website at www.medicareaustralia.gov.au for a list of designated hospitals.

4. Test requirements to establish baseline for initiation of treatment and response to treatment for continuation of treatment.

Genito urinary system and sex hormones

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) Initiation of treatment.

The first written application for PBS-subsidised treatment with the first PAH agent should be accompanied by the results of a right heart catheter (RHC) composite assessment, plus an echocardiograph (ECHO) composite assessment, plus a 6 minute walk test (6MWT) to establish the patient's baseline measurements.

Where it is not possible to perform all 3 tests above on clinical grounds, the following list outlines the preferred test combination, in descending order, for the purposes of initiation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments;
- (2) RHC composite assessment plus 6MWT;
- (3) RHC composite assessment only.

In circumstances where a RHC cannot be performed on clinical grounds, applications may be submitted to Medicare Australia for consideration based on the results of the following test combinations, which are listed in descending order of preference:

- (1) ECHO composite assessment plus 6MWT;
- (2) ECHO composite assessment only.

Where fewer than 3 tests are able to be performed on clinical grounds, a patient specific reason outlining why the particular test/s could not be conducted must be provided with the authority application.

(b) Continuation of treatment.

The following list outlines the preferred test combination, in descending order, for the purposes of continuation of PBS-subsidised treatment:

- (1) RHC plus ECHO composite assessments plus 6MWT;
- (2) RHC plus ECHO composite assessments;
- (3) RHC composite assessment plus 6MWT;
- (4) ECHO composite assessment plus 6MWT;
- (5) RHC composite assessment only;
- (6) ECHO composite assessment only.

The results of the same tests as conducted at baseline should be provided with each written continuing treatment application (i.e. every 6 months), except for patients who were able to undergo all 3 tests at baseline, and whose subsequent ECHO and 6MWT results demonstrate disease stability or improvement, in which case RHC can be omitted. In all other patients, where the same test(s) conducted at baseline cannot be performed for assessment of response on clinical grounds, a patient specific reason why the test(s) could not be conducted must be provided with the application. The test(s) results provided with the application for continuing treatment must be no more than 2 months old at the time of application.

Note

5. Definition of response to a PAH agent or prior vasodilator treatment.

For adult patients with 2 or more baseline tests, response to treatment is defined as 2 or more tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with a RHC composite assessment alone at baseline, response to treatment is defined as a RHC result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For adult patients with an ECHO composite assessment alone at baseline, response to treatment is defined as an ECHO result demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

For patients aged less than 18 years, response to treatment is defined as at least 1 of the baseline tests demonstrating stability or improvement of disease, as assessed by a physician from a designated hospital.

6. Authority approval requirements.

(a) Initiation of PBS-subsidised treatment with a PAH agent, where the patient has not received prior PBS-subsidised treatment with that agent.

All applications for initial treatment must be made in writing, must include a completed authority prescription and must be submitted to Medicare Australia for authorisation. The total duration of initial PBS-subsidised treatment that will be approved with this first written application is up to 6 months, based on the dosage recommendations in the TGA-approved Product Information.

Bosentan only:

Approvals for the first authority prescription will be limited to 1 month of therapy with the 62.5 mg strength tablet, with the quantity approved based on the dosage recommendations in the Therapeutic Goods Administration (TGA)-approved Product Information. No repeats will be authorised for this prescription. The second authority prescription may be written for either the 62.5 mg tablet or the 125 mg tablet strengths. Where the 62.5 mg tablet strength is required, please contact Medicare Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday) for further advice. Approvals for the second authority prescription will be limited to 1 month of treatment, with the quantity approved based on the dosage recommendations in the TGA-approved Product Information, and a maximum of 4 repeats. The approved second authority prescription will be returned to the prescriber by Medicare Australia 2 weeks after the date of the approval of the first authority prescription, to allow for the uninterrupted completion of the 6 month initial treatment course. Medicare Australia will contact prescribers prior to dispatch of the second authority prescription to confirm the tablet strength required for the patient.

(b) Continuation of treatment.

Written applications for continuing treatment for patients who have demonstrated an adequate response to their current treatment must be submitted to Medicare Australia for authorisation every 6 months. Approvals will be limited to provide sufficient supply for up to a maximum of 6

4049D	Sachets containing oral effervescent powder 4 g, 28	₹1	4	..	13.55	5.80	Uracol	GM
							Ural Sachets	QA

Genito urinary system and sex hormones

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	
Drugs used in benign prostatic hypertrophy								
<i>Alpha-adrenoreceptor antagonists</i>								
ALFUZOSIN HYDROCHLORIDE								
<u>Authority required</u>								
Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.								
4277D	Tablet 10 mg	30	5	..	63.36	5.80	Xatral SR	SW
TAMSULOSIN HYDROCHLORIDE								
<u>Authority required</u>								
Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.								
4070F	Tablet 400 micrograms (prolonged release)	30	5	..	63.36	5.80	Flomaxtra	CS
TERAZOSIN HYDROCHLORIDE								
<u>Authority required</u>								
Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.								
4396J	Starter pack containing 7 tablets 1 mg and 7 tablets 2 mg	1	..	..	20.05	5.80	Hytrin	AB
4397K	Tablet 2 mg	28	5	..	41.69	5.80	Hytrin	AB
4398L	Tablet 5 mg	28	5	..	58.19	5.80	Hytrin	AB
4399M	Tablet 10 mg	28	5	..	86.06	5.80	Hytrin	AB
<i>Testosterone-5-alpha reductase inhibitors</i>								
FINASTERIDE								
<u>Authority required</u>								
Treatment of benign prostatic hyperplasia where surgery is inappropriate, or where other drug treatment has failed or is contraindicated.								
4233T	Tablet 5 mg	30	5	..	102.12	5.80 ^a	Finasta	SZ
				..	111.69	5.80 ^a	Proscar	MK
4303L	Tablet 5 mg	28	5	..	91.27	5.80	Finpro	RZ

Antiinfectives for systemic use

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
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Antiinfectives for systemic use

Antibacterials for systemic use

Macrolides, lincosamides and streptogramins

Macrolides

AZITHROMYCIN

Restricted benefit

Upper and lower respiratory tract infections.

4115N	Tablet 500 mg (as dihydrate)	3	31.51	5.80	Zedd 500 Zithromax	QA PF
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Antineoplastic and immunomodulating agents

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
					\$	\$	

Antineoplastic and immunomodulating agents

Antineoplastic agents

Antimetabolites

Pyrimidine analogues

4222F	FLUOROURACIL Cream 50 mg per g (5%), 20 g	‡1	55.31	5.80	Efudix	VT
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Immunosuppressants

Immunosuppressants

Tumor necrosis factor alpha (TNF-alpha) inhibitors

INFLIXIMAB

Note

Any queries concerning the arrangements to prescribe infliximab may be directed to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580.

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

Reply Paid 9998
Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC)
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001.

Authority required

Initial treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Initial treatment may be prescribed by rheumatologists or consultant physicians for the reduction of signs and symptoms and prevention of structural joint damage in adult patients with active rheumatoid arthritis who satisfy all of the following criteria:

- (1) (a) Proven raised erythrocyte sedimentation rate (ESR) and/or C-reactive protein (CRP); and
- (1) (b) Proven erosive rheumatoid arthritis without end-stage disease;
- (2) Failure of an adequate trial of methotrexate and 2 other disease modifying anti-rheumatic drugs (such as sulfasalazine, hydroxychloroquine, leflunomide or cyclosporin) — unless these drugs were contraindicated or intolerance had developed;
- (3) No history of active tuberculosis requiring treatment in the last 3 years;
- (4) No history of opportunistic infection in the last 2 months;
- (5) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).

Authority required

Continuing treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Continuing treatment may be prescribed by rheumatologists or consultant physicians, following initial therapy of 3 doses, in patients who satisfy the following criteria:

- (1) There is improvement in ESR and/or CRP; and
- (2) An ACR20 (American College of Rheumatology) response is achieved by 14 weeks after the commencement of therapy.

Applications for authorisation must be in writing and must include:

- (1) a completed authority prescription form; and
- (2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form).

Note

Any queries concerning the arrangements to prescribe infliximab may be directed to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580.

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

Reply Paid 9998
Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC)
Department of Veterans' Affairs

Antineoplastic and immunomodulating agents

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price	Maximum	Brand Name and Manufacturer
					for Max. Qty \$	Recordable Value for Safety Net \$	
	GPO Box 9998 BRISBANE QLD 4001.						
4284L	Powder for I.V. infusion 100 mg	1	2	..	846.98	5.80	Remicade JC

Musculo-skeletal system

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
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Musculo-skeletal system

Antiinflammatory and antirheumatic products

Antiinflammatory and antirheumatic products, non-steroids

Acetic acid derivatives and related substances

DICLOFENAC SODIUM with MISOPROSTOL

Authority required

Patients requiring an NSAID in whom a risk of upper gastrointestinal complications is high or with a history of peptic ulcer disease.

4190M	Tablet 50 mg-200 micrograms	60	2	..	37.78	5.80	Arthrotec 50	PF
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Topical products for joint and muscular pain

Topical products for joint and muscular pain

Preparations with salicylic acid derivatives

METHYL SALICYLATE

4022Q	Compound cream APF, 100 g	‡1	1	..	14.02	5.80	Gold Cross	BI
4023R	Ointment BP, 100 g	‡1	1	..	12.17	5.80	Gold Cross	BI
4026X	Liniment APF, 100 mL	‡1	1	..	9.94	5.80	Gold Cross	BI

Drugs for treatment of bone diseases

Drugs affecting bone structure and mineralization

Bisphosphonates

RISEDRONATE SODIUM

Authority required

For preservation of bone mineral density in patients on long-term glucocorticoid therapy where patients are undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day. Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more and demonstrate that the patient is osteopenic (bone mineral density t-score of less than -1.0).

4443W	Tablet 5 mg	28	5	..	46.55	5.80	Actonel	SW
4444X	Tablet 35 mg	4	5	..	46.55	5.80	^a Actonel Once-a-Week	SW
							^a APO-Risedronate	TX
							^a Chem mart	CH
							^a Risedronate	
							^a Risedro once a week	QA
							^a Terry White Chemists	TW
							Risedronate	

Bisphosphonates, combinations

RISEDRONATE SODIUM and CALCIUM CARBONATE

Authority required

For preservation of bone mineral density in patients on long-term glucocorticoid therapy where patients are undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day. Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more and demonstrate that the patient is osteopenic (bone mineral density t-score of less than -1.0).

4059P	Pack containing 4 tablets risedronate sodium 35 mg and 24 tablets calcium carbonate 1.25 g (equivalent to 500 mg calcium)	‡1	5	..	46.55	5.80	Actonel Combi	SW
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RISEDRONATE SODIUM and CALCIUM CARBONATE with COLECALCIFEROL

Authority required

For preservation of bone mineral density in patients on long-term glucocorticoid therapy where patients are undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day.

Musculo-skeletal system

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for	Maximum Recordable Value for	Brand Name and Manufacturer
					Max. Qty \$	Safety Net \$	
Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more and demonstrate that the patient is osteopenic (bone mineral density T-score of less than -1.0).							
4380M	Pack containing 4 tablets risedronate sodium 35 mg and 24 sachets containing granules of calcium carbonate 2.5 g (equivalent to 1 g calcium) with colecalciferol 22 micrograms	\$1	5	..	46.55	5.80	Actonel Combi D SW

Nervous system

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
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Nervous system

Analgesics

Opioids

Natural opium alkaloids

MORPHINE SULFATE

Caution

The risk of drug dependence is high.

Restricted benefit

Chronic severe disabling pain not responding to non-narcotic analgesics.

Note

Authorities for increased maximum quantities and/or repeats will be granted only for

(i) chronic severe disabling pain associated with proven malignant neoplasia; or

(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.

4349X	Tablet 200 mg (controlled release)	28	121.86	5.80	MS Contin	MF
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Other analgesics and antipyretics

Salicylic acid and derivatives

CODEINE PHOSPHATE with ASPIRIN

4061R	Tablet soluble 8 mg-300 mg	50	2	..	13.57	5.80	Aspalgin	FM
4286N	Tablet 8 mg-300 mg	40	2	..	14.18	5.80	Aspalgin 40	QA

Anilides

CODEINE PHOSPHATE with PARACETAMOL

4170L	Tablet 15 mg-500 mg	20	2	..	9.73	5.80	Prodeine 15	SW
4171M	Tablet 8 mg-500 mg	50	2	..	11.74	5.80	Panamax Co.	SW
				..	12.86	5.80	Codalgin	FM
4275B	Tablet 8 mg-500 mg	40	2	..	10.69	5.80	Panamax Co. 40	SW

Other analgesics and antipyretics

GABAPENTIN

Authority required

To be approved for the treatment of refractory neuropathic pain not controlled by other drugs.

4591P	Capsule 100 mg	100	5	..	18.18	5.80	^a Gabatine 100	QA
				..	18.86	5.80	^a Nupentin 100	AF
				..	45.09	5.80	^a Neurontin	PF
4592Q	Capsule 300 mg	100	5	..			^a DBL Gabapentin	HH
							^a Gabahexal 300mg	SZ
							^a Gabatine 300	QA
							^a Gantin	GN
							^a GenRx Gabapentin	GX
							^a Nupentin 300	AF
				..	45.70	5.80	^a Neurontin	PF
4593R	Capsule 400 mg	100	5	..	57.68	5.80	^a DBL Gabapentin	HH
							^a Gabahexal 400mg	SZ
							^a Gabatine 400	QA
							^a Gantin	GN
							^a GenRx Gabapentin	GX
							^a Nupentin 400	AF

Nervous system

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	
				..	58.36	5.80 ^a	Neurontin	PF
4594T	Tablet 600 mg	100	5	..	88.47	5.80	Neurontin	PF
				..	120.75	5.80 ^a	Gabatine 600	QA
4595W	Tablet 800 mg	100	5	..	114.90	5.80 ^a	Gantin	GN
				..	115.57	5.80 ^a	Neurontin	PF
				..	158.84	5.80 ^a	Gabatine 800	QA
PREGABALIN								
<u>Authority required</u>								
For the treatment of refractory neuropathic pain not controlled by other drugs.								
4320J	Capsule 25 mg	56	5	..	42.65	5.80	Lyrica	PF
4322L	Capsule 75 mg	56	5	..	84.96	5.80	Lyrica	PF
4323M	Capsule 150 mg	56	5	..	124.24	5.80	Lyrica	PF
4324N	Capsule 300 mg	56	5	..	183.14	5.80	Lyrica	PF

Psycholeptics

Anxiolytics

Benzodiazepine derivatives

BROMAZEPAM

Authority required

Patients with terminal disease;

Patients with refractory phobic or anxiety states.

Note

For short-term use and palliative care. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

4150K	Tablet 3 mg	60	..	..	*29.48	5.80	Lexotan	RO
4151L	Tablet 6 mg	60	..	..	*36.10	5.80	Lexotan	RO

Azaspirdodecanedione derivatives

BUSPIRONE HYDROCHLORIDE

Authority required

For the short-term treatment of anxiety.

4144D	Tablet 5 mg	50	..	..	37.99	5.80	Buspar	QA
4145E	Tablet 10 mg	50	..	..	54.84	5.80	Buspar	QA

Hypnotics and sedatives

Benzodiazepine derivatives

FLUNITRAZEPAM

Authority required

Patients with terminal disease;

Patients with refractory phobic or anxiety states.

Note

For short-term use and palliative care. This drug should not be used as the first line of treatment. Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate. Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

4216X	Tablet 1 mg	30	13.73	5.80	Hypnodorm	AF
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Benzodiazepine related drugs

ZOPICLONE

Restricted benefit

For the short-term treatment of insomnia.

Nervous system

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	
4522B	Tablet 7.5 mg	30	..	..	21.76	5.80 ^a	Imrest	AF
				..	24.92	5.80 ^a	Imovane	SW

Other nervous system drugs

Drugs used in addictive disorders

Drugs used in nicotine dependence

NICOTINE

Authority required

Patients who have indicated that they are ready to cease smoking and who have entered a support and counselling program.

Note

Studies have shown that successful therapy with this drug is enhanced by patient participation in a support and counselling program.

4571N	Transdermal patches releasing approximately 7 mg per 24 hours, 7	2	..	..	*51.38	5.80	QuitX	AF
4572P	Transdermal patches releasing approximately 14 mg per 24 hours, 7	2	..	..	*54.56	5.80	QuitX	AF
				..	*68.74	5.80	Nicabate CQ 14	GC
4573Q	Transdermal patches releasing approximately 21 mg per 24 hours, 7	2	2	..	*57.68	5.80	QuitX	AF
				..	*68.74	5.80	Nicabate CQ 21	GC
4576W	Transdermal patches releasing approximately 5 mg per 16 hours, 7	2	..	..	*50.82	5.80	Nicorette Patch	JT
4577X	Transdermal patches releasing approximately 10 mg per 16 hours, 7	2	..	..	*54.78	5.80	Nicorette Patch	JT
4578Y	Transdermal patches releasing approximately 15 mg per 16 hours, 7	2	2	..	*59.96	5.80	Nicorette Patch	JT

Antiparasitic products, insecticides and repellents

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

Antiparasitic products, insecticides and repellents

Anthelmintics

Antinematodal agents
Benzimidazole derivatives

4325P	MEBENDAZOLE Tablet 100 mg	6	14.92	5.80	Vermox	BI
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Respiratory system

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	
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Respiratory system

Nasal preparations

Decongestants and other nasal preparations for topical use

Sympathomimetics, plain

4378K	OXYMETAZOLINE HYDROCHLORIDE Nasal spray 500 micrograms per mL (0.05%), 15 mL	±1	..	..	17.15	5.80	Drixine	MK
4379L	Nasal spray 500 micrograms per mL (0.05%), 18 mL	±1	..	..	16.76	5.80	Logicin Rapid Relief	QA

Antiallergic agents, excl. corticosteroids

4311X	LEVOCABASTINE HYDROCHLORIDE Nasal spray 500 micrograms per mL (0.05%), 10 mL (100 doses)	±1	2	..	18.24	5.80	Livostin	JT
4468E	SODIUM CROMOGLYCATE Nasal spray metered dose pump 20 mg per mL (2%), 26 mL	±1	5	..	22.91	5.80	Rynacrom	SW

Corticosteroids

BUDESONIDE

Restricted benefit

Severe intractable rhinitis.

4092J	Aqueous nasal spray (pump pack) 64 micrograms per dose (120 doses)	±1	31.73	5.80	Budamax Aqueous	PM
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Other nasal preparations

IPRATROPIUM BROMIDE

Restricted benefit

Severe intractable rhinorrhoea, associated with perennial rhinitis, unresponsive to insufflated nasal steroids.

4089F	Aqueous nasal spray (pump pack) 21 micrograms (anhydrous) per dose (180 doses)	±1	5	..	23.59	5.80	Atrovent Nasal Aqueous	BY
4090G	Aqueous nasal spray (pump pack) 42 micrograms (anhydrous) per dose (180 doses)	±1	5	..	30.47	5.80	Atrovent Nasal Forte	BY

Nasal decongestants for systemic use

Sympathomimetics

4029C	PSEUDOEPHEDRINE HYDROCHLORIDE Tablet 60 mg	12	11.02	5.80	Logicin Sinus	QA
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Cough and cold preparations

Expectorants, excl. combinations with cough suppressants

Expectorants

4074K	SENEGA and AMMONIA Mixture 200 mL	±1	4	..	9.18	5.80	Gold Cross	BI
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Respiratory system

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	
Cough suppressants, excl. combinations with expectorants								
Opium alkaloids and derivatives								
PHOLCODINE								
4071G	Linctus 1 mg per mL (0.1%), 100 mL	‡1	2	..	9.02	5.80	Gold Cross	BI
				..	14.61	5.80	Duro-Tuss	IA

Antihistamines for systemic use

Antihistamines for systemic use

Phenothiazine derivatives

PROMETHAZINE HYDROCHLORIDE

Caution

Significant side effects may occur.

4072H	Tablet 10 mg	50	2	..	14.67	5.80	Phenergan	SW
4073J	Tablet 25 mg	50	2	..	16.76	5.80	Phenergan	SW

Piperazine derivatives

CETIRIZINE HYDROCHLORIDE

4175R	Tablet 10 mg	30	..	..	29.65	5.80	^a Alzene	AF
				..	32.87	5.80	Zilarex	SZ
				..	39.45	5.80	^a Zyrtec	JT

Other antihistamines for systemic use

FEXOFENADINE HYDROCHLORIDE

4237B	Tablet 60 mg	60	..	..	*41.13	5.80	^a Fexal	SZ
				..	*54.99	5.80	^a Telfast	SW
4238C	Tablet 120 mg	30	..	..	29.42	5.80	^a Xergic	AF
				..	34.71	5.80	^a Fexal	SZ
				..	47.13	5.80	^a Telfast 120	SW

LORATADINE

4313B	Tablet 10 mg	30	..	..	32.99	5.80	^a Allereze	AF
				..	43.65	5.80	^a Lorano	SZ
				..	45.92	5.80	^a Claratyne	MK

Sensory organs

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	
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Sensory organs

Ophthalmologicals

Decongestants and antiallergics

Sympathomimetics used as decongestants

4032F	ANTAZOLINE with NAPHAZOLINE Eye drops 5 mg (phosphate)-500 micrograms (hydrochloride) per mL (0.5%-0.05%), 15 mL	‡1	1	..	14.80	5.80	Albalon-A	AG
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4035J	NAPHAZOLINE HYDROCHLORIDE Eye drops 1 mg per mL (0.1%), 15 mL	‡1	1	..	15.09	5.80	Albalon Liquifilm	AG
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Other antiallergics

4310W	LEVOCABASTINE HYDROCHLORIDE Eye drops 500 micrograms per mL (0.05%), 4 mL (120 doses)	‡1	1	..	18.24	5.80	Livostin	JT
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Otologicals

Other otologicals

Indifferent preparations

4176T	CARBAMIDE PEROXIDE Ear drops 65 mg per mL (6.5%), 12 mL	‡1	16.08	5.80	Ear Clear for Ear Wax Removal	KY
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4180B	DICHLOROBENZENE with CHLORBUTOL and TURPENTINE OIL Ear drops 20 mg-50 mg-0.1 mL per mL (2%-5%- 10%), 10 mL	‡1	14.08	5.80	Cerumol	AC
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4199B	DOCUSATE SODIUM Ear drops 5 mg per mL (0.5%), 10 mL	‡1	14.47	5.80	Waxsol	NE
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Various

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
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Various

All other therapeutic products

All other therapeutic products

Drugs for treatment of hyperkalemia and hyperphosphatemia

SODIUM POLYSTYRENE SULFONATE							
4470G	Oral powder 454 g	‡1	2	..	71.12	5.80	Resonium-A SW

REPATRIATION PHARMACEUTICAL BENEFITS SCHEME (RPBS) WOUND ASSESSMENT AND DRESSING IDENTIFICATION

It is essential to define the aetiology of the wound before selecting a dressing. Recommendations are based on wound type, colour of wound base, depth of wound, and amount of exudate.

This wound chart adheres to the MOIST WOUND concept of healing and wound dressings are described below as ABSORBING or MOISTURE DONATING.

Most wound healing products are designed to remain in situ for several days, with the exception of those for infected wounds which should be changed daily. The quantities and repeats listed in the Repatriation Schedule are considered to be adequate to manage the treatment of a wound for two weeks to one month, when an assessment of the wound's healing process should be undertaken.

DRESSINGS

PINK EPITHELIALISING WOUND

Aim: To protect and promote epithelialisation. Epithelialising wounds normally are superficial and only produce a light exudate.

(A) Covering	<ul style="list-style-type: none"> Film; Film Island 	<ul style="list-style-type: none"> Gauze—Paraffin; Non-adherent
(B) Absorbing	<ul style="list-style-type: none"> Foam (Light Exudate); Hydroactive (Superficial Wound—Light Exudate) 	<ul style="list-style-type: none"> Hydrocolloid (Superficial Wound—Light Exudate)

RED GRANULATING WOUND

Aims: (1) to protect the granulating tissue; (2) to encourage epithelialisation; (3) to absorb excess exudate.

LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	<ul style="list-style-type: none"> Foam (Light Exudate); Hydroactive (Superficial Wound—Light Exudate); Hydrocolloid (Superficial Wound—Light Exudate) 	<ul style="list-style-type: none"> Hydrocolloid (Cavity Wound)
(B) Moisture donating	<ul style="list-style-type: none"> Hydrogel—Amorphous; Hydrogel—Sheet 	<ul style="list-style-type: none"> Hydrogel—Amorphous
HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	<ul style="list-style-type: none"> Alginate (Superficial Wound); 	<ul style="list-style-type: none"> Alginate (Cavity Wound);

Various

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
	<ul style="list-style-type: none"> • Foam—Heavy Exudate; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate) 						<ul style="list-style-type: none"> • Foam—Moderate Exudate (see “cavity conforming” product); • Hydroactive (Cavity Wound); • Hydrocolloid (Cavity Wound)

(B) Moisture donating NOT APPROPRIATE

YELLOW SLOUGHY WOUND

Aims: (1) to remove slough; (2) to encourage granulation; (3) to absorb excess exudate.

LIGHT EXUDATE:

Superficial

Cavity

(A) Absorbing

- | | |
|---|--|
| <ul style="list-style-type: none"> • Cadexomer Iodine; • Foam—Light Exudate; • Foam with Charcoal; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate Exudate) | <ul style="list-style-type: none"> • Cadexomer Iodine; • Hydrocolloid (Cavity Wound) |
|---|--|

(B) Moisture Donating

- | | |
|---|--|
| <ul style="list-style-type: none"> • Hydrogel—Amorphous; • Hydrogel—Sheet | <ul style="list-style-type: none"> • Hydrogel—Amorphous |
|---|--|

HIGH EXUDATE:

Superficial

Cavity

(A) Absorbing

- | | |
|---|--|
| <ul style="list-style-type: none"> • Alginate (Superficial Wound); • Cadexomer Iodine; • Foam—Heavy Exudate; • Hydroactive (Superficial Wound—Moderate/High Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate) | <ul style="list-style-type: none"> • Alginate (Cavity Wound); • Cadexomer Iodine; • Hydrocolloid (Cavity Wound) |
|---|--|

(B) Moisture donating NOT APPROPRIATE

BLACK NECROTIC WOUND

Aim: To remove eschar by — (1) sharp debridement, e.g., scissor/scalpel and/or (2) rehydration and autolytic debridement. (These wounds usually produce a LIGHT EXUDATE.)

DRY / LIGHT EXUDATE:

Superficial

Cavity

(A) Absorbing

- | | |
|---|---|
| <ul style="list-style-type: none"> • Hydroactive (Superficial Wound—Light Exudate); • Hydrocolloid (Superficial Wound—Light/Moderate) | <ul style="list-style-type: none"> • Hydrocolloid (Cavity Wound) |
|---|---|

Various

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
Exudate)							
(B) Moisture donating	<ul style="list-style-type: none"> Hydrogel—Amorphous; Hydrogel—Sheet 					<ul style="list-style-type: none"> Hydrogel—Amorphous; Hydrogel—Sheet 	

INFECTED WOUNDS

Aims: (1) to clear the infection with systemic antibiotics; (2) to absorb excess exudate; (3) to remove slough if present; (4) to decrease bacterial burden - by applying a Silver dressing or Cadexomer Iodine dressing.

MALODOROUS WOUNDS

Aims: (1) to clear infection if present; (2) to remove slough if present; (3) to clear colonising odour-producing bacteria in slough — by applying metronidazole gel, a Silver dressing or a Cadexomer Iodine dressing; (4) to absorb excess exudate.

Products: Activated Charcoal; Alginate with Charcoal; Foam with Charcoal; Silver dressing; Cadexomer Iodine dressing.

MINOR SKIN TRAUMA

Aims: (1) to stop bleeding; (2) to prevent infection; (3) to minimise the surface defect; (4) to promote epithelialisation.

ORDERING HARTMANN PRODUCTS

Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

ORDERING COLOPLAST PRODUCTS

Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

ORDERING MOLNLYCKE HEALTHCARE PRODUCTS

Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

All other non-therapeutic products

All other non-therapeutic products

LUBRICATING GEL							
4306P	Tube 100 g	1	..	..	12.64	5.80	Lubri-Gel PP

Other non-therapeutic auxiliary products

BANDAGE—ABSORBENT WOOL							
4653X	Bandage 10 cm x 3 m	6	..	..	20.32	5.80	Surepress 650948 CC

BANDAGE—CALICO							
4717G	Bandage, triangular, large	‡1	..	..	13.49	5.80	Handy 36361414 BV

BANDAGE—COMPRESSION

Note

Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Various

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	
4654Y	Bandage, short stretch, 8 cm x 2.6 m	5	..	..	*77.77	5.80	Comprilan 01027-00	BV
4656C	Bandage, high stretch, 7.5 cm x 3.5 m	5	..	..	*68.37	5.80	Setopress 3504	SS
4657D	Bandage, high stretch, 10 cm x 3.5 m	5	..	..	*78.57	5.80	Setopress 3505	SS
4736G	Bandage, high stretch, 7.5 cm x 3 m	5	..	..	*94.32	5.80	Tensopress 71723-01	BV
4748X	Bandage, high stretch, 10 cm x 3 m	5	..	..	*72.92	5.80	Surepress 650947	CC
				..	*126.62	5.80	Tensopress 71723-00	BV

BANDAGE—COMPRESSION

Note

Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4598B	Bandage, four layer	5	..	..	*152.62	5.80	Profore Lite 66050415	SN
4658E	Bandage, four layer	5	..	..	*224.42	5.80	Profore 66050016	SN

BANDAGE—COMPRESSION

Note

Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Restricted benefit

Initial treatment of venous ulcers.

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4938X	Bandage, two layer, 18 cm-22 cm (red)	1	..	..	50.92	5.80	ProGuide 66000780	SN
4939Y	Bandage, two layer, 22 cm-28 cm (yellow)	1	..	..	50.92	5.80	ProGuide 66000781	SN
4940B	Bandage, two layer, 28 cm-32 cm (green)	1	..	..	50.92	5.80	ProGuide 66000782	SN

BANDAGE—COMPRESSION

Note

Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Restricted benefit

Initial treatment of venous ulcers.

Restricted benefit

Continuation of treatment of venous ulcers where patient's ability to tolerate dressing has been demonstrated.

Note

Bandage can be left in situ for up to 7 days as per manufacturer's instructions.

4050E	Bandage, two layer	1	42.68	5.80	Coban	MM
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BANDAGE—COMPRESSION

Note

Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Restricted benefit

Continuation of treatment of venous ulcers where patient's ability to tolerate dressing has been demonstrated.

Various

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	
Note								
Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.								
4941C	Bandage, two layer, 18 cm-22 cm (red)	4	..	..	*182.42	5.80	ProGuide 66000780	SN
4942D	Bandage, two layer, 22 cm-28 cm (yellow)	4	..	..	*182.42	5.80	ProGuide 66000781	SN
4943E	Bandage, two layer, 28 cm-32 cm (green)	4	..	..	*182.42	5.80	ProGuide 66000782	SN
BANDAGE—RETENTION—COHESIVE—HEAVY								
4660G	Bandage 10 cm x 2 m	2	..	..	*19.36	5.80	Coban 1584	MM
4811F	Bandage 5 cm x 1.3 m	2	..	..	*14.02	5.80	Peg 7420	BK
4812G	Bandage 7.5 cm x 1.3 m	2	..	..	*17.30	5.80	Peg 7422	BK
4813H	Bandage 10 cm x 1.3 m	2	..	..	*21.04	5.80	Peg 7423	BK
4814J	Bandage 15 cm x 1.3 m	2	..	..	*28.18	5.80	Peg 7425	BK
BANDAGE—RETENTION—COHESIVE—LIGHT								
4662J	Bandage 10 cm x 4 m	2	..	..	*17.14	5.80	Handygauze Cohesive 8635	BV
4718H	Bandages 2.5 cm x 4 m, 2	1	..	..	12.52	5.80	Handygauze Cohesive 8631	BV
4719J	Bandage 6 cm x 4 m	2	..	..	*14.70	5.80	Handygauze Cohesive 8633	BV
BANDAGE—RETENTION—COTTON CREPE								
4727T	Bandage 5 cm x 2.3 m	2	..	..	*17.44	5.80	Telfa 8252F	KE
				..	*18.28	5.80	Tensocrepe 36300501	BV
4728W	Bandage 7.5 cm x 2.3 m	2	..	..	*22.22	5.80	Telfa 8253F	KE
				..	*22.40	5.80	Tensocrepe 36307501	BV
4729X	Bandage 10 cm x 2.3 m	2	..	..	*25.38	5.80	Telfa 8254F	KE
				..	*27.82	5.80	Tensocrepe 36301001	BV
BANDAGE—TUBULAR								
4663K	Bandage, straight, size C	1	..	..	15.38	5.80	Elastoplast 2225	BE
4664L	Bandage, straight, size D	1	..	..	15.38	5.80	Elastoplast 2226	BE
4665M	Bandage, straight, size E	1	..	..	15.38	5.80	Elastoplast 2227	BE
4855M	Bandage 6.25 cm x 1 m	1	..	..	18.17	5.80	Tubigrip B 1520	SS
4856N	Bandage 6.75 cm x 1 m	1	..	..	18.17	5.80	Tubigrip C 1545	SS
4857P	Bandage 7.5 cm x 1 m	1	..	..	18.17	5.80	Tubigrip D 1546	SS
4858Q	Bandage 8.75 cm x 1 m	1	..	..	18.17	5.80	Tubigrip E 1547	SS
4859R	Bandage 10 cm x 1 m	1	..	..	18.17	5.80	Tubigrip F 1548	SS
BANDAGE—TUBULAR (FINGER)								
4726R	Refill	1	..	..	13.73	5.80	Tubegauz 0501658	SS
4798M	Complete pack including applicator	1	..	..	17.77	5.80	Tubegauz 0501633	SS
BANDAGE—TUBULAR (LIGHTWEIGHT)								
4671W	Bandage, small limb size (red), 10 m	1	..	..	28.36	5.80	Tubifast 2434	SS
4672X	Bandage, medium limb size (green), 10 m	1	..	..	32.02	5.80	Tubifast 2436	SS
4673Y	Bandage, large limb size (blue), 10 m	1	..	..	35.58	5.80	Tubifast 2438	SS

Various

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	
	BANDAGE—TUBULAR (LONG STOCKING)							
4674B	Bandage, small size	2	..	..	*40.18	5.80	Tubigrip 1482	SS
4675C	Bandage, XX/large size	2	..	..	*40.18	5.80	Tubigrip 1486	SS
4797L	Bandage, medium size	2	..	..	*40.18	5.80	Tubigrip 1483	SS
4799N	Bandage, large size	2	..	..	*40.18	5.80	Tubigrip 1484	SS

BANDAGE—TUBULAR (SHORT STOCKING)

4661H	Bandage, small B/C size	2	..	..	*30.44	5.80	Tubigrip 1479	SS
4815K	Bandage, medium C/D size	2	..	..	*30.44	5.80	Tubigrip 1480	SS
4816L	Bandage, large D/E size	2	..	..	*30.44	5.80	Tubigrip 1481	SS

BANDAGE—ZINC PASTE

Note

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

4668Q	Bandage 7.5 cm x 6 m	2	..	..	*29.20	5.80	Zincaband 3604	SS
4669R	Bandage 7.5 cm x 6 m	2	3	..	*29.66	5.80	Steripaste 3610	XP
4670T	Bandage 10 cm x 9.1 m	2	3	..	*28.78	5.80	Flexidress 650941	CC

BANDAGE—ZINC PASTE

Note

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4750B	Bandage 7.5 cm x 6 m	2	3	..	*73.86	5.80	Viscopaste 4948	SN
4760M	Bandages 80 cm (stockings), 4	1	3	..	85.17	5.80	ZipZoc 66051550	SN

COTTON WOOL ROLL

4701K	Roll 100 g	£1	2	..	10.51	5.80	JJ 02013	JJ
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DRESSING—ACTIVATED CHARCOAL (MALODOROUS WOUND)

4681J	Dressing 10.5 cm x 10.5 cm	10	*100.92	5.80	Actisorb Plus MAC031	JJ
4742N	Dressings 10 cm x 10 cm, 10	11	..	..	78.98	5.80	CarboFLEX 403202	CC
4743P	Dressings 15 cm x 20 cm, 5	11	..	..	89.87	5.80	CarboFLEX 403204	CC

DRESSING—ALGINATE (CAVITY WOUND)

Note

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

4832H	Rope 2 g	10	..	..	*109.12	5.80	Sorbsan 1411	UM
				..	*115.26	5.80	Kaltostat 168117	CC

DRESSING—ALGINATE (CAVITY WOUND)

Note

Note
This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note

Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

Various

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	
4682K	Ropes 2 g (40 cm), 6	2	..	..	*137.72	5.80	Comfeel SeaSorb Filler 3740	CT

DRESSING—ALGINATE (SUPERFICIAL WOUND)

Note

This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note

Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

4684M	Dressing 5 cm x 5 cm	10	1	..	*46.92	5.80	Comfeel SeaSorb Dressing 3705	CT
4831G	Dressing 10 cm x 10 cm	10	1	..	*84.42	5.80	Sorbsan 1410	UM
				..	*90.12	5.80	Comfeel SeaSorb Dressing 3710	CT

DRESSING—ALGINATE (SUPERFICIAL WOUND)

Note

This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

4683L	Dressings 7.5 cm x 12 cm, 10	1	1	..	91.08	5.80	Kaltostat 168212	CC
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DRESSING—ALGINATE (SUPERFICIAL WOUND)

Note

This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4691X	Dressings 15 cm x 20 cm, 10	1	1	..	236.07	5.80	Algisite M 66000521	SN
4699H	Dressings 5 cm x 5 cm, 10	1	1	..	49.40	5.80	Kaltostat 168210	CC
				..	51.28	5.80	Algisite M 66000519	SN
4700J	Dressings 10 cm x 10 cm, 10	1	1	..	98.42	5.80	Algisite M 66000520	SN

DRESSING—FILM

4686P	Dressings 6 cm x 7 cm, 8	1	..	..	15.64	5.80	Nexcare Tegaderm Transparent H1624	MM
4687Q	Dressings 10 cm x 12 cm, 4	1	..	..	19.65	5.80	Nexcare Tegaderm Transparent H1626	MM
4688R	Dressing 15 cm x 20 cm	6	*30.66	5.80	Tegaderm Transparent 1628	MM

DRESSING—FILM

Note

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4893M	Dressings 10 cm x 12 cm, 10	1	32.49	5.80	Op-Site Flexigrid 4629	SN
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Various

					Dispensed Price for Max. Qty \$	Maximum Recordable Value for Safety Net \$		
Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium			Brand Name and Manufacturer	
DRESSING—FILM ISLAND								
4689T	Dressing 5 cm x 7 cm	10	..	..	*16.22	5.80	Tegaderm Transparent Island 3582	MM
4690W	Dressing 9 cm x 10 cm	10	..	..	*27.72	5.80	Tegaderm Transparent Island 3586	MM

DRESSING—FILM ISLAND

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4898T	Dressings 5 cm x 7.2 cm, 5	2	..	..	*28.92	5.80	Cutifilm Plus 36361370	SN
4899W	Dressings 8 cm x 10 cm, 5	2	..	..	*45.50	5.80	Cutifilm Plus 36361371	SN

DRESSING—FOAM—HEAVY EXUDATE

Note

This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4795J	Dressings 10 cm x 10 cm, 10	1	1	..	75.06	5.80	Lyof foam Extra 603088	XP
				..	126.67	5.80	Allevyn 66007637	SN

DRESSING—FOAM—HEAVY EXUDATE

Note

This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

4880W	Dressings 20 cm x 15 cm, 10	1	1	..	189.11	5.80	Lyof foam Extra 603090	XP
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DRESSING—FOAM—MODERATE EXUDATE

Note

This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4590N	Dressings 12.5 cm x 12.5 cm, 10	1	..	..	123.23	5.80	Allevyn Adhesive 66000044	SN
4694C	Dressing, cavity, conforming, 20 g	1	1	..	88.73	5.80	Cavicare 4563	SN

DRESSING—FOAM—MODERATE EXUDATE

Note

This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

4878R	Dressings 20 cm x 15 cm, 10	1	1	..	101.86	5.80	Lyof foam Flat 603095	XP
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Various

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	
4890J	Dressings 7.5 cm x 7.5 cm, 10	‡1	1	..	42.84	5.80	Lyof foam Flat	XP
4891K	Dressings 10 cm x 10 cm, 10	‡1	1	..	49.48	5.80	Lyof foam Flat 603092	XP

DRESSING—FOAM—SILVER

Authority required

For wounds where there is evidence of critical colonisation and for well-assessed chronic wounds that have not responded to conventional dressings.

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4252T	Dressings, adhesive, 7.5 cm x 7.5 cm, 10	‡1	..	..	134.89	5.80	Allevyn Ag Adhesive 66800073	SN
4255Y	Dressings, adhesive, 10 cm x 10 cm, 10	‡1	..	..	200.58	5.80	Allevyn Ag Adhesive 66800075	SN
4258D	Dressings, adhesive, 12.5 cm x 12.5 cm, 10	‡1	..	..	245.05	5.80	Allevyn Ag Adhesive 66800078	SN
4259E	Dressings, non-adhesive, 10 cm x 10 cm, 10	‡1	..	..	204.42	5.80	Allevyn Ag Non- Adhesive 66800086	SN
4263J	Dressings 7.5 cm x 7.5 cm, 10	‡1	..	..	134.89	5.80	Allevyn Ag Gentle 66800460	SN
4266M	Dressings 10 cm x 10 cm, 10	‡1	..	..	200.58	5.80	Allevyn Ag Gentle 66800461	SN
4270R	Dressings 12.5 cm x 12.5 cm, 10	‡1	..	..	245.05	5.80	Allevyn Ag Gentle 66800462	SN

DRESSING—FOAM with CHARCOAL (MALODOROUS WOUND)

Note

This dressing should remain in place on wounds with odour until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

4892L	Dressings 10 cm x 10 cm, 10	2	*174.06	5.80	Lyof foam C 603025	SS
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DRESSING—FOAM with SILICONE—HEAVY EXUDATE

Note

Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

4642H	Dressings 7.5 cm x 7.5 cm, 5	‡1	..	..	30.77	5.80	Mepilex Border 295200	MH
4643J	Dressings 10 cm x 10 cm, 5	‡1	42.68	5.80	Mepilex Border 295300	MH

DRESSING—FOAM with SILICONE—HEAVY EXUDATE

Note

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4196W	Dressings 10 cm x 10 cm, 10	‡1	62.87	5.80	Allevyn Gentle 66800248	SN
4207K	Dressings 7.5 cm x 7.5 cm, 10	‡1	43.48	5.80	Allevyn Gentle Border 66800269	SN
4230P	Dressings 10 cm x 10 cm, 10	‡1	..	..	60.87	5.80	Allevyn Gentle Border 66800270	SN

Various

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	
DRESSING—FOAM with SILICONE—LIGHT EXUDATE								
Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.								
4644K	Dressings 6 cm x 8.5 cm, 5	‡1	..	..	28.06	5.80	Mepilex Lite 284000	MH
4645L	Dressings 10 cm x 10 cm, 5	‡1	..	..	38.21	5.80	Mepilex Lite 284100	MH
DRESSING—FOAM with SILICONE—MODERATE EXUDATE								
Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.								
4626L	Dressings 10 cm x 10 cm, 5	‡1	..	..	42.68	5.80	Mepilex 294100	MH
DRESSING—GAUZE (ABSORBENT PAD)								
4707R	Pads 5 cm x 5 cm, 100	‡1	..	..	13.88	5.80	Handy 71117-05	BV
4708T	Pads 10 cm x 10 cm, 100	‡1	..	..	27.40	5.80	Handy 71117-06	BV
DRESSING—GAUZE—EYE PAD								
4768Y	Pads, 12	‡1	..	..	12.83	5.80	Curity 4112	KE
DRESSING—GAUZE—PARAFFIN								
Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.								
4759L	Dressings 10 cm x 10 cm, 10	‡1	..	..	19.93	5.80	Jelonet 7404	SN
DRESSING—GAUZE—PARAFFIN with CHLORHEXIDINE ACETATE								
Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.								
4845B	Dressings 10 cm x 10 cm, 10	‡1	2	..	27.03	5.80	Bactigras 7457	SN
DRESSING—HYDROACTIVE (CAVITY WOUND)								
Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.								
4918W	Dressings 5 cm x 6 cm, 10	‡1	1	..	88.50	5.80	Allevyn Plus Cavity 66047571	SN
4919X	Dressings 10 cm x 10 cm, 5	2	1	..	*186.94	5.80	Allevyn Plus Cavity 66047573	SN
DRESSING—HYDROACTIVE (DEBRIDEMENT)								
Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.								
4948K	Dressings 5.5 cm, 8	‡1	..	..	68.66	5.80	TenderWet Active Cavity	HR
4949L	Dressings 4 cm, 8	‡1	..	..	67.90	5.80	TenderWet 24	HR

Various

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	
4950M	Dressings 7.5 cm x 7.5 cm, 8	‡1	..	..	92.19	5.80	Active TenderWet 24 Active	HR
DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE)								
4692Y	Dressings (foam alternative) 10 cm x 10 cm, 10	‡1	..	..	54.90	5.80	CombiDERM 651031	CC
4693B	Dressings (foam alternative) 15 cm x 18 cm, 5	‡1	..	..	71.72	5.80	CombiDERM 651027	CC
4695D	Dressings, island, 11 cm x 11 cm, 10	‡1	..	..	111.24	5.80	Tielle MTL101E	JJ
4696E	Dressings, island, 18 cm x 18 cm, 5	‡1	..	..	135.84	5.80	Tielle MT2442	JJ

DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—HIGH EXUDATE)

Note

Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

4927H	Non-adhesive waterproof semi-permeable absorbent foam pads 10 cm x 10 cm, 10	‡1	1	..	87.93	5.80	Biatain Non-adhesive 3410	CT
4928J	Non-adhesive waterproof semi-permeable absorbent foam pads 15 cm x 15 cm, 5	‡1	2	..	86.45	5.80	Biatain Non-adhesive 3413	CT
4929K	Adhesive waterproof semi-permeable absorbent foam pads 12 cm x 12 cm, 10	‡1	1	..	96.95	5.80	Biatain Adhesive 3420	CT
4930L	Adhesive waterproof semi-permeable absorbent foam pads 18 cm x 18 cm, 5	‡1	2	..	93.82	5.80	Biatain Adhesive 3423	CT

DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE)

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4905E	Dressings 5 cm x 6 cm, 10	‡1	1	..	59.19	5.80	Allevyn Thin 66047576	SN
4906F	Dressings 10 cm x 10 cm, 5	2	1	..	*108.32	5.80	Allevyn Thin 66047578	SN

DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE)

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4885D	Dressings 5 cm x 6 cm, 10	‡1	1	..	47.89	5.80	Cutinova Hydro 66047441	SN
4886E	Dressings 10 cm x 10 cm, 5	2	1	..	*79.44	5.80	Cutinova Hydro 66047443	SN

DRESSING—HYDROCOLLOID (CAVITY WOUND)

Note

This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

4896Q	Paste 30 g	10	*145.12	5.80	DuoDERM Paste H7930	CC
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DRESSING—HYDROCOLLOID (CAVITY WOUND)

Note

This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

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	
	Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.							
4895P	Paste 50 g	2	3	..	*43.22	5.80	Comfeel Paste 4701	CT
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—LIGHT EXUDATE)								
	Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.							
	Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.							
4888G	Dressings 5 cm x 7 cm, 10	‡1	1	..	41.72	5.80	Comfeel Plus Transparent 3530	CT
4889H	Dressings 9 cm x 14 cm, 10	‡1	1	..	84.52	5.80	Comfeel Plus Transparent 3536	CT
4924E	Dressings 10 cm x 10 cm, 10	‡1	1	..	69.78	5.80	Comfeel Plus Transparent 3533	CT
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—LIGHT EXUDATE)								
	Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.							
4907G	Dressings 10 cm x 10 cm, 10	‡1	1	..	71.72	5.80	DuoDERM Extra Thin H7955	CC
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—LIGHT EXUDATE)								
	Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.							
	Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.							
4947J	Dressings 10 cm x 10 cm, 10	‡1	1	..	48.15	5.80	Hydrocoll Thin 900758	HR
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)								
	Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.							
4897R	Dressings 10 cm x 10 cm, 5	2	1	..	*81.40	5.80	DuoDERM CGF H7660	CC
4920Y	Dressings 20 cm x 20 cm, 5	2	1	..	*222.32	5.80	DuoDERM CGF H7662	CC
DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)								
	Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.							

Various

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
Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.							
4921B	Dressings 10 cm x 10 cm, 10	‡1	1	..	80.30	5.80	Replicare Ultra 66000434 SN

DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)

Note

This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

Note

Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

4945G	Dressings 10 cm x 10 cm, 10	‡1	1	..	48.15	5.80	Hydrocoll 900744	HR
4946H	Dressings 15 cm x 15 cm, 10	‡1	1	..	89.91	5.80	Hydrocoll 900936	HR

DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)

Note

This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

Note

Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

4678F	Butterfly shape 7 cm	5	..	..	*55.17	5.80	Comfeel Plus Pressure Relieving 3350	CT
4679G	Round 10 cm	5	..	..	*59.62	5.80	Comfeel Plus Pressure Relieving 3353	CT
4923D	Dressings with alginate 10 cm x 10 cm, 10	‡1	1	..	81.99	5.80	Comfeel Plus Ulcer Dressing 3110	CT

DRESSING—HYDROFIBRE (ALTERNATE TO ALGINATES)

4649Q	Dressings 10 cm x 10 cm, 10	‡1	1	..	100.98	5.80	Aquacel 177902	CC
4698G	Ropes 2 g (30 cm), 5	‡1	1	..	83.71	5.80	Aquacel 177904	CC
4922C	Dressings 15 cm x 15 cm, 5	2	1	..	*208.70	5.80	Aquacel 177903	CC

DRESSING—HYDROGEL—AMORPHOUS

Note

This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Note

Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

4912M	Tubes 15 g, 10	‡1	1	..	64.48	5.80	DuoDERM Gel H7990	CC
				..	72.09	5.80	Comfeel Purilon Gel 3900	CT

DRESSING—HYDROGEL—AMORPHOUS

Note

This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Various

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	
4913N	Tubes 30 g, 3	3	1	..	*97.11	5.80	DuoDERM Gel H7987	CC
4914P	Tube 50 g	3	3	..	*33.12	5.80	Solugel 10336	JJ

DRESSING—HYDROGEL—AMORPHOUS

Note

This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4599C	Tube 50 g	3	3	..	*30.51	5.80	SoloSite Gel 36361338	SN
4894N	Tube 25 g	4	3	..	*62.18	5.80	Intrasite Gel 7313	SN

DRESSING—HYDROGEL—SHEET

Note

This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

4911L	Dressings 9.5 cm x 10.2 cm, 5	2	*83.20	5.80	Nu-Gel 2497	JJ
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DRESSING—HYDROGEL—SHEET

Note

This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

Note

Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

4806Y	Dressings 10 cm x 10 cm, 5	2	*53.28	5.80	Aquaclear 900796	HR
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DRESSING—NON-ADHERENT

Note

Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

4819P	Dressings 5 cm x 5 cm, 5	2	..	..	*15.80	5.80	Cutilin Non-Stick Wound Pad 36361374	SN
4860T	Dressings 5 cm x 5 cm, 5	2	..	..	*16.48	5.80	Melolin 36361357	SN
4861W	Dressings 10 cm x 10 cm, 10	1	..	..	33.70	5.80	Melolin 66974933	SN
4862X	Dressings 10 cm x 10 cm, 5	2	..	..	*25.40	5.80	Cutilin Non-Stick Wound Pad 36361375	SN

DRESSING—NON-ADHERENT

4755G	Dressings 5 cm x 7.5 cm, 10	1	..	..	11.02	5.80	Telfa 1970C	KE
4758K	Dressings 7.5 cm x 10 cm, 6	1	..	..	11.23	5.80	Telfa 2140C	KE
4844Y	Dressings, self-adhesive, 7.5 cm x 10 cm, 6	1	2	..	12.02	5.80	Telfa 7650C	KE

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
DRESSING—NON-ADHERENT							
Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.							
4944F	Dressings 7.5 cm x 10 cm, 10	‡1	..	..	15.24	5.80	Atrauman 499513 HR
DRESSING—NON-ADHERENT							
Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.							
4243H	Dressings, non-woven, with silicone 5 cm x 7.5 cm, 10	‡1	..	..	63.62	5.80	Mepitel 290510 MH
4244J	Dressings, non-woven, with silicone 7.5 cm x 10 cm, 10	‡1	..	..	107.62	5.80	Mepitel 290710 MH
DRESSING—TULLE NON-GAUZE—PARAFFIN							
4909J	Dressing 7.6 cm x 7.6 cm	10	1	..	*15.72	5.80	Adaptic 2012 JJ
DRESSING with CADEXOMER IODINE							
Note Suitable for yellow sloughy infected and malodorous wounds.							
Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.							
4931M	Sachets 3 g, 7	‡1	2	..	67.37	5.80	Iodosorb Powder 66051070 SN
4932N	Tubes 10 g, 4	‡1	2	..	108.57	5.80	Iodosorb Ointment 66051240 SN
4933P	Tubes 20 g, 2	‡1	2	..	107.55	5.80	Iodosorb Ointment 66051230 SN
4935R	Sheets 5 g (6 cm x 4 cm), 5	‡1	2	..	102.62	5.80	Iodosorb 66051330 SN
4936T	Sachets 10 g (8 cm x 6 cm), 3	‡1	2	..	148.35	5.80	Iodosorb 66051340 SN
4937W	Sheets 17 g (10 cm x 8 cm), 2	‡1	..	..	156.36	5.80	Iodosorb 66051360 SN
DRESSING with SILVER							
Authority required For wounds where there is evidence of critical colonisation and for well-assessed chronic wounds that have not responded to conventional dressings.							
Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.							
4646M	Hydroactive dressings non-adhesive 10 cm x 10 cm, 5	‡1	..	..	175.89	5.80	Biatain Ag 9622 CT
4647N	Hydroactive dressings adhesive 12.5 cm x 12.5 cm, 5	‡1	..	..	191.29	5.80	Biatain Ag 9632 CT
DRESSING with SILVER							
Authority required For wounds where there is evidence of critical colonisation and for well-assessed chronic wounds that have not responded to conventional dressings.							
Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.							

Various

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	
4648P	Tulle dressings 10 cm x 10 cm, 3	‡1	..	..	43.78	5.80	Atrauman Ag 499572	HR
GAUZE and COTTON TISSUE (COMBINE ROLL)								
4761N	Wrapped pack 10 cm x 10 m	‡1	..	..	17.21	5.80	JJ 12010	JJ
4767X	Wrapped pack 9 cm x 10 m	‡1	..	..	15.39	5.80	BSN 2902165	BV
TAPES—NON-WOVEN RETENTION (POLYACRYLATE)								
4915Q	Roll 2.5 cm x 9.1 m	‡1	..	..	12.87	5.80	Medipore 2961	MM
TAPES—NON-WOVEN RETENTION (POLYACRYLATE)								
Note								
Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.								
4917T	Roll 2.5 cm x 10 m	‡1	..	..	11.04	5.80	Mefix 310250	MH
TAPES—PLASTER ADHESIVE (WITH SILICONE)								
Note								
Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.								
4239D	Roll 2 cm x 3 m	‡1	..	..	21.37	5.80	Mepitac 298300	MH
4240E	Roll 4 cm x 1.5 m	‡1	..	..	21.37	5.80	Mepitac 298400	MH
TAPES—PLASTER ADHESIVE ELASTIC								
4780N	Roll 2.5 cm x 2.5 m	‡1	..	..	12.76	5.80	Leukoplast 01071-00	BV
4781P	Roll 5 cm x 2.5 m	‡1	..	..	18.56	5.80	Leukoplast 01072-00	BV
4782Q	Roll 7.5 cm x 2.5 m	‡1	..	..	22.13	5.80	Leukoplast 01073-00	BV
TAPES—PLASTER ADHESIVE HYPOALLERGENIC								
4783R	Roll 1.25 cm x 5 m	‡1	..	..	10.34	5.80	Leukopor 2471	BV
4785W	Roll 1.25 cm x 5 m	‡1	..	..	10.62	5.80	Leukosilk 1021	BV
4787Y	Roll 2.5 cm x 5 m	‡1	..	..	13.24	5.80	Leukosilk 1022	BV
4788B	Stretch roll 5 cm x 5 m	‡1	..	..	17.21	5.80	Leukoflex 1124	BV
4789C	Roll 5 cm x 5 m	‡1	..	..	17.05	5.80	Leukosilk 1024	BV
4790D	Roll 5 cm x 5 m	‡1	..	..	16.21	5.80	Leukopor 2474	BV
4794H	Roll 2.5 cm x 5 m	‡1	..	..	12.73	5.80	Leukopor 2472	BV
4848E	Roll (dispenser) 1.9 cm x 5.4 m	‡1	..	..	11.05	5.80	Nexcare Durable Cloth First Aid Tape 799	MM
4849F	Roll (dispenser) 1.9 cm x 7.3 m	‡1	..	..	11.05	5.80	Nexcare Gentle Paper First Aid Tape 789	MM

Section 2

Standard Packs and Prices

NOTE—

Standard packs and prices (including mark-up, but without dispensing fee and dangerous drug fee) are for items against the price of which an asterisk () is shown in Section 1 of the Schedule.*

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$		Manufacturer
4579B	ALPROSTADIL	10 mcg	2@	25.40	PF
4580C		20 mcg	2@	32.40	PF
4118R	ALUMINIUM HYDROXIDE with MAGNESIUM HYDROXIDE and SIMETHICONE	400 mg-400 mg-30 mg per 5 mL, 500 mL	1@	8.11	JT
4453J		400 mg-400 mg-40 mg	100@	19.85	JT
4598B	BANDAGE—COMPRESSION	Four layer	1@	29.24	SN
4654Y		8 cm x 2.6 m	1@	14.27	BV
4656C		7.5 cm x 3.5 m	1@	12.39	SS
4657D		10 cm x 3.5 m	1@	14.43	SS
4658E		Four layer	1@	43.60	SN
4736G		7.5 cm x 3 m	1@	17.58	BV
4748X		10 cm x 3 m	1@	24.04	BV
4941C		Two layer, 18 cm-22 cm	1@	44.00	SN
4942D		Two layer, 22 cm-28 cm	1@	44.00	SN
4943E		Two layer, 28 cm-32 cm	1@	44.00	SN
4660G	BANDAGE—RETENTION—COHESIVE— HEAVY	10 cm x 2 m	1@	6.47	MM
4811F		5 cm x 1.3 m	1@	3.80	BK
4812G		7.5 cm x 1.3 m	1@	5.44	BK
4813H		10 cm x 1.3 m	1@	7.31	BK
4814J		15 cm x 1.3 m	1@	10.88	BK
4662J	BANDAGE—RETENTION—COHESIVE— LIGHT	10 cm x 4 m	1@	5.36	BV
4719J		6 cm x 4 m	1@	4.14	BV
4727T	BANDAGE—RETENTION—COTTON CREPE	5 cm x 2.3 m	1@	5.93	BV
4728W		7.5 cm x 2.3 m	1@	7.99	BV
4729X		10 cm x 2.3 m	1@	10.70	BV
4674B	BANDAGE—TUBULAR (LONG STOCKING)	Small	1@	16.88	SS
4675C		XX/large	1@	16.88	SS
4797L		Medium	1@	16.88	SS
4799N		Large	1@	16.88	SS
4661H	BANDAGE—TUBULAR (SHORT STOCKING)	Small B/C	1@	12.01	SS
4815K		Medium C/D	1@	12.01	SS
4816L		Large D/E	1@	12.01	SS
4668Q	BANDAGE—ZINC PASTE	7.5 cm x 6 m	1@	11.39	SS
4669R		7.5 cm x 6 m	1@	11.62	XP
4670T		10 cm x 9.1 m	1@	11.18	CC
4750B		7.5 cm x 6 m	1@	33.72	SN
4150K	BROMAZEPAM	3 mg	30@	11.53	RO
4151L		6 mg	30@	14.84	RO
4094L	CALCIUM	500 mg	60@	6.01	IA
4142B		600 mg	120@	7.89	PP
4333C		500 mg	60@	6.01	IA
4055K	CALCIUM CARBONATE with GLYCINE	420 mg-180 mg	100@	8.38	MM
4681J	DRESSING—ACTIVATED CHARCOAL (MALODOROUS WOUND)	10.5 cm x 10.5 cm	1@	9.45	JJ
4682K	DRESSING—ALGINATE (CAVITY WOUND)	2 g (40 cm), 6	1@	65.65	CT
4832H		2 g	5@	54.42	CC
4684M	DRESSING—ALGINATE (SUPERFICIAL WOUND)	5 cm x 5 cm	1@	4.05	CT
4831G		10 cm x 10 cm	1@	7.80	UM
4688R	DRESSING—FILM	15 cm x 20 cm	1@	4.04	MM
4689T	DRESSING—FILM ISLAND	5 cm x 7 cm	1@	0.98	MM
4690W		9 cm x 10 cm	1@	2.13	MM
4898T		5 cm x 7.2 cm, 5	1@	11.25	SN
4899W		8 cm x 10 cm, 5	1@	19.54	SN
4892L	DRESSING—FOAM with CHARCOAL (MALODOROUS WOUND)	10 cm x 10 cm, 10	1@	83.82	SS
4919X	DRESSING—HYDROACTIVE (CAVITY	10 cm x 10 cm, 5	1@	90.26	SN

(APPLY WASTAGE FACTOR IN CALCULATING BROKEN QUANTITY PRICES)

Code	Name	Form/Strength	Pack and Price \$	Manufacturer
4906F	WOUND) DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—LIGHT EXUDATE)	10 cm x 10 cm, 5	1@ 50.95	SN
4886E	DRESSING—HYDROACTIVE (SUPERFICIAL WOUND—MODERATE EXUDATE)	10 cm x 10 cm, 5	1@ 36.51	SN
4895P	DRESSING—HYDROCOLLOID (CAVITY WOUND)	50 g	1@ 18.40	CT
4896Q		30 g	1@ 13.87	CC
4678F	DRESSING—HYDROCOLLOID (SUPERFICIAL WOUND—MODERATE EXUDATE)	7 cm	1@ 9.75	CT
4679G		10 cm	1@ 10.64	CT
4897R		10 cm x 10 cm, 5	1@ 37.49	CC
4920Y		20 cm x 20 cm, 5	1@ 107.95	CC
4922C	DRESSING—HYDROFIBRE (ALTERNATE TO ALGINATES)	15 cm x 15 cm, 5	1@ 101.14	CC
4599C	DRESSING—HYDROGEL—AMORPHOUS	50 g	1@ 8.03	SN
4894N		25 g	1@ 13.94	SN
4913N		30 g, 3	1@ 30.23	CC
4914P		50 g	1@ 8.90	JJ
4806Y	DRESSING—HYDROGEL—SHEET	10 cm x 10 cm, 5	1@ 23.43	HR
4911L		9.5 cm x 10.2 cm, 5	1@ 38.39	JJ
4819P	DRESSING—NON-ADHERENT	5 cm x 5 cm, 5	1@ 4.69	SN
4860T		5 cm x 5 cm, 5	1@ 5.03	SN
4862X		10 cm x 10 cm, 5	1@ 9.49	SN
4909J	DRESSING—TULLE NON-GAUZE— PARAFFIN	7.6 cm x 7.6 cm	1@ 0.93	JJ
4237B	FEXOFENADINE HYDROCHLORIDE	60 mg	20@ 16.19	SW
4246L	GLYCEROL	2.8 g, 12	1@ 4.66	PP
4571N	NICOTINE	Approx. 7 mg per 24 hours, 7	1@ 22.48	AF
4572P		Approx. 14 mg per 24 hours, 7	1@ 31.16	GC
4573Q		Approx. 21 mg per 24 hours, 7	1@ 31.16	GC
4576W		Approx. 5 mg per 16 hours, 7	1@ 22.20	JT
4577X		Approx. 10 mg per 16 hours, 7	1@ 24.18	JT
4578Y		Approx. 15 mg per 16 hours, 7	1@ 26.77	JT

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THERAPEUTIC GROUP PREMIUM POLICY

PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A THERAPEUTIC GROUP PREMIUM WITH EFFECT FROM 1 APRIL 2012

The Schedule of Pharmaceutical Benefits shows differences in price in some therapeutic groups where alternative drugs may have a therapeutic group premium.

The Therapeutic Group Premium Policy applies within narrowly defined therapeutic sub-groups where the drugs concerned are of similar safety and health outcomes.

The Australian Government, through the PBS, subsidises up to the price of the lowest priced drug in the group. This means that consumers may have to pay for more expensive drugs (those with a therapeutic group premium). This extra amount does not count towards their PBS safety net threshold.

Therapeutic group premiums apply where a prescriber has prescribed a drug within a therapeutic group that attracts a therapeutic group premium and has not sought an exemption from Medicare Australia on clinical grounds.

The exemption provisions are:

- adverse effects occurring with all of the base-priced drugs; or
- drug interactions occurring with all of the base-priced drugs; or
- drug interactions expected to occur with all of the base-priced drugs; or
- transfer to a base-priced drug would cause patient confusion resulting in problems with compliance.

The premiums are not a Government charge but reflect the fact that the supplier(s) of the drug charge a price higher than the Government is willing to subsidise.

Under the Therapeutic Group Premium Policy drug substitution by pharmacists is not permitted.

For ease of prescribing and dispensing, and in the interests of your patients, the following list shows those PBS drugs that attract a therapeutic group premium.

Premium Priced Brand	Form and Strength	Max Qty	Therapeutic Group Premium \$
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H₂-RECEPTOR ANTAGONISTS

<i>Zantac</i>	Effervescent tablet 150 mg (base)	60	3.16
<i>Zantac Syrup</i>	Syrup 150 mg (base) per 10 mL, 300 mL	2	2.20

The base-priced drugs in this therapeutic group are cimetidine, nizatidine and ranitidine hydrochloride (except ranitidine hydrochloride effervescent tablet 150 mg (base) and syrup 150 mg (base) per 10 mL, 300 mL).

ANGIOTENSIN II ANTAGONISTS

Atacand	Tablet 8 mg	30	2.95
Atacand	Tablet 16 mg	30	3.26
Atacand	Tablet 32 mg	30	2.87
Teveten	Tablet 400 mg (base)	56	3.48
Teveten	Tablet 600 mg (base)	28	2.00
Olmotec	Tablet 20 mg	30	1.00
Olmotec	Tablet 40 mg	30	1.00
Micordis	Tablet 40 mg	28	2.00
Micordis	Tablet 80 mg	28	1.99

The base-priced drugs in this therapeutic group are candesartan cilexetil (Tablet 4 mg), irbesartan, and valsartan.

BRAND PREMIUM POLICY

BRANDS OF PHARMACEUTICAL BENEFIT ITEMS WHICH HAVE A BRAND PREMIUM AND THAT MAY BE SUBSTITUTED WITH EFFECT FROM 1 APRIL 2012

The Schedule of Pharmaceutical Benefits shows differences in price between some alternative brands of the same drug product.

Manufacturers can develop generic equivalents and apply to have them listed on the PBS. In doing this, manufacturers need to ensure that they comply with the relevant legislation applicable to patents. These brands are clinically equivalent and must undergo the same strict quality controls. Although these brands are designed to act on the body in exactly the same way, they are usually cheaper than the originator brands.

The Australian Government, through the PBS, subsidises up to the price of the lowest priced brand (except in those instances where the lowest priced brand has, as part of its price, a therapeutic group premium). This means that consumers may have to pay extra for more expensive brands (those with a brand premium). This extra amount does not count towards their PBS safety net threshold.

Brand substitution by pharmacists without reference to the prescriber is permitted for PBS prescriptions where:

- the patient agrees to the substitution;
- the brands are identified in the Schedule of Pharmaceutical Benefits as being interchangeable;
- the prescriber has not indicated on the prescription form that substitution is not to occur; and
- substitution is permitted under the relevant State or Territory legislation.

Prescription forms supplied by Medicare Australia contain a box to be ticked where brand substitution is not to take place.

Prescribers not using these prescription forms should endorse the prescription if brand substitution is not permitted. Where a stamp is used for this purpose, the prescriber will be required to initial the stamped statement.

For ease of prescribing and dispensing, and in the interests of your patients, the following list shows those PBS drugs that attract a brand premium and that can be substituted where permitted. They are listed alphabetically, by brand name, with the brand premium and benchmark brand(s) cited in the last column.

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Abbacillin-V</i>	Oral suspension 150 mg (as benzathine) per 5 mL, 100 mL	2	1.90	<i>Cilicaine V</i>
<i>Accupril</i>	Tablet 5 mg (as hydrochloride)	30	0.34	<i>Acquin 5; Acquin Aspen 5; APO-Quinapril; Aquinafil; Filpril; Pharmacor Quinapril 5; Qpril 5; Quinapril generichealth; Quinapril Sandoz</i>
	Tablet 10 mg (as hydrochloride)	30	0.47	<i>Acquin 10; Acquin Aspen 10; APO-Quinapril; Aquinafil; Filpril; Pharmacor Quinapril 10; Qpril 10; Quinapril generichealth</i>
	Tablet 20 mg (as hydrochloride)	30	0.72	<i>Acquin 20; Acquin Aspen 20; APO-Quinapril; Aquinafil; Filpril; Pharmacor Quinapril 20; Qpril 20; Quinapril-GA; Quinapril generichealth; Quinapril Sandoz</i>
<i>Adalat 10</i>	Tablet 10 mg	60	0.95	<i>Adefin 10</i>
<i>Adalat 20</i>	Tablet 20 mg	60	1.76	<i>Adefin 20; GenRx Nifedipine; Nifehexal</i>
<i>Adalat Oros 30</i>	Tablet 30 mg (controlled release)	30	2.03	<i>Addos XR 30; Adefin XL 30; APO-Nifedipine XR</i>
<i>Adalat Oros 60</i>	Tablet 60 mg (controlled release)	30	2.24	<i>Addos XR 60; Adefin XL 60; APO-Nifedipine XR</i>
<i>Aldactone</i>	Tablet 25 mg	100	1.75	<i>Spiractin 25</i>
	Tablet 100 mg	100	2.40	<i>Spiractin 100</i>
<i>Aldomet</i>	Tablet 250 mg	100	2.50	<i>Hydopa</i>
<i>Alphagan</i>	Eye drops 2 mg per mL (0.2%), 5 mL	1	1.63	<i>Enidin</i>
<i>Amaryl</i>	Tablet 1 mg	30	2.06	<i>APO-Glimepiride; Aylide 1; Diapride 1; Dimirel; Glimepiride GA 1; Glimepiride Sandoz; Pharmacor Glimepiride 1</i>
	Tablet 2 mg	30	2.07	<i>APO-Glimepiride; Aylide 2; Diapride 2; Dimirel; Glimepiride GA 2; Glimepiride Sandoz; Pharmacor Glimepiride 2</i>
	Tablet 3 mg	30	2.04	<i>APO-Glimepiride; Aylide 3; Diapride 3; Dimirel; Glimepiride GA 3; Glimepiride Sandoz; Pharmacor Glimepiride 3</i>
	Tablet 4 mg	30	2.06	<i>APO-Glimepiride; Aylide 4; Diapride 4; Dimirel; Glimepiride GA 4; Glimepiride Sandoz; Pharmacor Glimepiride 4</i>
<i>Amoxil</i>	Capsule 250 mg	20	0.88	<i>Alphamox 250; Amoxycillin-GA; Amoxycillin Ranbaxy; Amoxycillin Sandoz; APO-Amoxycillin; Chem mart Amoxycillin; Cilamox; GenRx Amoxycillin; Terry White Chemists Amoxycillin</i>
	Capsule 500 mg	20	0.89	<i>Alphamox 500; Amoxycillin-GA; Amoxycillin generichealth 500; Amoxycillin Ranbaxy; Amoxycillin Sandoz; APO-Amoxycillin; Chem mart Amoxycillin; Cilamox; GenRx Amoxycillin; Terry White Chemists Amoxycillin</i>
	Powder for syrup 125 mg per 5 mL, 100 mL	1	0.89	<i>Alphamox 125; Amoxycillin Sandoz; Bgramin; Chem mart Amoxycillin; GenRx Amoxycillin; Ranmoxy; Terry White Chemists Amoxycillin</i>
<i>Amoxil Forte</i>	Powder for syrup 250 mg per 5 mL, 100 mL	1	0.87	<i>Alphamox 250; Amoxycillin Sandoz; Bgramin; Chem mart Amoxycillin; Cilamox; GenRx Amoxycillin; Ranmoxy; Terry White Chemists Amoxycillin</i>
<i>Anafranil 25</i>	Tablet 25 mg	50	3.06	<i>Chem mart Clomipramine; GenRx Clomipramine; Placil; Terry White Chemists Clomipramine</i>
<i>Anaprox 550</i>	Tablet 550 mg	50	2.17	<i>Crysanal</i>
<i>Androcur</i>	Tablet 50 mg	20	2.97	<i>Cyprohexal; Cyprone; Cyprostat; GenRx Cyproterone Acetate; Procur</i>
	Tablet 50 mg	100	3.12	<i>Cyprohexal; Cyprone; Cyprostat; GenRx Cyproterone Acetate; Procur</i>
<i>Androcur-100</i>	Tablet 100 mg	50	1.56	<i>Cyprohexal; Cyprostat-100; GenRx Cyproterone Acetate; Procur 100</i>
<i>Anginine Stabilised</i>	Tablets 600 micrograms, 100	1	2.94	<i>Lycinate</i>
<i>Aristocort 0.02%</i>	Cream 200 micrograms per g (0.02%), 100 g	2	3.78	<i>Tricortone</i>
	Ointment 200 micrograms per g (0.02%), 100 g	2	3.78	<i>Tricortone</i>
<i>Aropax</i>	Tablet 20 mg (as hydrochloride)	30	0.80	<i>Chem mart Paroxetine; Extine 20;</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
				GenRx Paroxetine; Paroxetine 20; Paroxetine-GA; Paroxetine Sandoz; Paxtine; Terry White Chemists Paroxetine
Astrix	Tablet 100 mg	112	1.29	Mayne Pharma Aspirin
Atrovent	Nebuliser solution single dose units 250 micrograms (anhydrous) in 1 mL, 30	2	0.68	Aeron 250; APO-Ipratropium; Ipratrin; Ipravent
Atrovent Adult	Nebuliser solution single dose units 500 micrograms (anhydrous) in 1 mL, 30	2	0.58	Aeron 500; APO-Ipratropium; Ipratrin Adult; Ipravent
Augmentin	Powder for syrup 125 mg-31.25 mg per 5 mL, 75 mL	1	1.58	Clamoxyl; Curam
Augmentin Duo	Tablet 500 mg-125 mg	10	1.57	Amoxycillin/ Clavulanic Acid 500/125 generichealth; APO-Amoxycillin/ Clavulanic Acid 500/125; Clamoxyl Duo; Curam Duo 500/125; GA-Amclav 500/125; Moxiclav Duo 500/125
Augmentin Duo 400	Powder for syrup 400 mg-57 mg per 5 mL, 60 mL	1	1.58	Clamoxyl Duo 400; Curam Duo
Augmentin Duo forte	Tablet 875 mg-125 mg	10	1.56	Amoxycillin/ Clavulanic Acid 875/125 generichealth; Chem mart Amoxycillin and Clavulanic Acid; Clamoxyl Duo forte; Clavycillin 875/125; Curam Duo Forte 875/125; GA-Amclav Forte 875/125; GenRx Amoxycillin and Clavulanic Acid; Moxiclav Duo Forte 875/125; Terry White Chemists Amoxycillin and Clavulanic Acid
Aurorix	Tablet 150 mg	60	0.55	Amira 150; Chem mart Moclobemide; Clobemix; GenRx Moclobemide; Moclobemide Sandoz; Mohehal; Terry White Chemists Moclobemide
Aurorix 300 mg	Tablet 300 mg	60	1.10	Amira 300; Chem mart Moclobemide; Clobemix; GenRx Moclobemide; Moclobemide Sandoz; Terry White Chemists Moclobemide
Avanza	Tablet 30 mg	30	2.60	Axit 30; Chem mart Mirtazapine; GenRx Mirtazapine; Mirtazapine-DP; Mirtazapine Sandoz; Mirtazon; Terry White Chemists Mirtazapine
	Tablet 45 mg	30	2.84	APO-Mirtazapine; Axit 45; Chem mart Mirtazapine; Mirtazapine Sandoz; Mirtazon; Terry White Chemists Mirtazapine
Azopt	Eye drops 10 mg per mL (1%), 5 mL	1	1.18	BrinzoQuin
Betaloc	Tablet 50 mg	100	2.51	Chem mart Metoprolol; GenRx Metoprolol; Metohexal; Metrol 50; Minax 50; Terry White Chemists Metoprolol
	Tablet 100 mg	60	2.50	Chem mart Metoprolol; GenRx Metoprolol; Metohexal; Metrol 100; Minax 100; Terry White Chemists Metoprolol
Betnovate 1/2	Cream 500 micrograms (base) per g (0.05%), 15 g	1	2.94	Cortival 1/2
	Ointment 500 micrograms (base) per g (0.05%), 15 g	1	2.94	Cortival 1/2
Betnovate 1/5	Cream 200 micrograms (base) per g (0.02%), 100 g	2	6.88	Cortival 1/5
Betoptic	Eye drops, solution, 5 mg (base) per mL (0.5%), 5 mL	1	2.09	BetoQuin
Brevinor	Pack containing 21 tablets 500 micrograms-35 micrograms and 7 inert tablets	4	7.68	Norimin 28 Day
Brevinor-1	Pack containing 21 tablets 1 mg-35 micrograms and 7 inert tablets	4	7.68	Norimin-1 28 Day
Capoten	Tablet 25 mg	90	4.03	Captopril Sandoz; GenRx Captopril; Zedace
	Tablet 50 mg	90	4.03	Captopril Sandoz; GenRx Captopril; Zedace
Carafate	Tablet equivalent to 1 g anhydrous sucralfate	120	2.06	UlcYTE
Ceclor	Powder for oral suspension 125 mg per 5 mL, 100 mL	1	3.16	Aclor 125; Cefaclor Sandoz; Chem mart Cefaclor; GenRx Cefaclor; Keflor; Ozcef; Terry White Chemists Cefaclor
	Powder for oral suspension 250 mg per 5 mL, 75 mL	1	3.31	Aclor 250; Cefaclor Sandoz; Chem mart Cefaclor; GenRx Cefaclor; Keflor; Ozcef; Terry White Chemists Cefaclor
Ceclor CD	Tablet 375 mg (sustained release)	10	3.93	Cefaclor-GA; Cefaclor GH; Chem mart

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
				<i>Cefaclor CD; GenRx Cefaclor CD; Karlor CD; Keflor CD; Ozcef; Terry White Chemists Cefaclor CD</i>
<i>Celestone-M</i>	Cream 200 micrograms (base) per g (0.02%), 100 g	2	2.46	<i>Antroquoril</i>
	Ointment 200 micrograms (base) per g (0.02%), 100 g	2	2.46	<i>Antroquoril</i>
<i>Ciloxan</i>	Eye drops 3 mg per mL (0.3%), 5 mL	2	2.06	<i>CiloQuin</i>
<i>Cipramil</i>	Tablet 20 mg (base)	28	2.00	<i>APO-Citalopram; Auro-Citalopram 20; Celapram; Celica; Chem mart Citalopram; Ciazil; Citalobell; Citalopram 20; Citalopram-GA; Citalopram generichealth; Citalopram Pfizer; Citalopram Sandoz; GenRx Citalopram; Pharmacor Citalo 20; Talam; Terry White Chemists Citalopram</i>
<i>Ciproxin 250</i>	Tablet 250 mg	14	0.79	<i>C-Flox 250; Cifran; Ciprofloxacin-DRLA; Ciprofloxacin Sandoz; Ciprol 250; GenRx Ciprofloxacin; Profloxin</i>
<i>Ciproxin 500</i>	Tablet 500 mg	14	0.79	<i>C-Flox 500; Cifran; Ciprofloxacin 500; Ciprofloxacin-BW; Ciprofloxacin-DRLA; Ciprofloxacin-GA; Ciprofloxacin-PS; Ciprofloxacin Sandoz; Ciprol 500; GenRx Ciprofloxacin</i>
<i>Ciproxin 750</i>	Tablet 750 mg	14	0.78	<i>C-Flox 750; Cifran; Ciprofloxacin 750; Ciprofloxacin-BW; Ciprofloxacin-DRLA; Ciprofloxacin-GA; Ciprofloxacin-PS; Ciprofloxacin Sandoz; Ciprol 750; GenRx Ciprofloxacin</i>
<i>Colgout</i>	Tablet 500 micrograms	30	0.85	<i>Lengout</i>
<i>Dalacin C</i>	Capsule 150 mg	24	1.37	<i>Cleocin</i>
<i>Daonil</i>	Tablet 5 mg	100	1.44	<i>Glimel</i>
<i>Depo-Medrol</i>	Injection 40 mg in 1 mL	5	0.60	<i>Depo-Nisolone</i>
<i>Depo-Provera</i>	Injection 150 mg in 1 mL	1	3.20	<i>Depo-Ralovera</i>
<i>Diabex</i>	Tablet 500 mg	100	1.41	<i>APO-Metformin 500; Chem mart Metformin; Diaformin; Formet 500; GenRx Metformin; Glucophage; Metformin 500; Metformin-GA; Metformin generichealth; Metformin Ranbaxy; Metformin Sandoz; Terry White Chemists Metformin</i>
<i>Diabex 1000</i>	Tablet 1 g	90	1.43	<i>APO-Metformin 1000; Chem mart Metformin 1000; Diaformin 1000; Formet 1000; Metformin-GA; Metformin generichealth 1000; Metformin Ranbaxy 1000; Metformin Sandoz; Pharmacor Metformin 1000; Terry White Chemists Metformin 1000</i>
<i>Diabex 850</i>	Tablet 850 mg	60	1.41	<i>APO-Metformin 850; Chem mart Metformin; Diaformin 850; Formet 850; GenRx Metformin; Glucophage; Metformin 850; Metformin-GA; Metformin generichealth; Metformin Ranbaxy; Metformin Sandoz; Terry White Chemists Metformin</i>
<i>Diprosone</i>	Cream 500 micrograms (base) per g (0.05%), 15 g	1	2.45	<i>Eleuphrat</i>
	Ointment 500 micrograms (base) per g (0.05%), 15 g	1	2.45	<i>Eleuphrat</i>
<i>Doryx</i>	Capsule 100 mg (as hydrochloride)	7	1.10	<i>Mayne Pharma Doxycycline</i>
	Capsule 50 mg (as hydrochloride)	25	1.24	<i>Mayne Pharma Doxycycline</i>
	Capsule 100 mg (as hydrochloride)	28	4.40	<i>Mayne Pharma Doxycycline</i>
	Capsule 100 mg (as hydrochloride)	21	1.97	<i>Mayne Pharma Doxycycline</i>
<i>Dulcolax</i>	Suppositories 10 mg, 10	3	1.50	<i>Petrus Bisacodyl Suppositories</i>
<i>Duphalac</i>	Mixture 3.34 g per 5 mL, 500 mL	1	1.20	<i>Actilax; Genlac; GenRx Lactulose; Lac-Dol; Lactocur</i>
	Mixture 3.34 g per 5 mL, 500 mL	3	3.60	<i>Actilax; Genlac; GenRx Lactulose; Lac-Dol; Lactocur</i>
<i>Duratears</i>	Compound eye ointment 3.5 g	2	2.18	<i>Poly Visc</i>
<i>E.E.S. 200</i>	Powder for oral liquid 200 mg (base) per 5 mL, 100 mL	1	2.71	<i>E-Mycin 200</i>
<i>E.E.S. 400 Filmtab</i>	Tablet 400 mg (base)	25	2.66	<i>E-Mycin</i>
<i>E.E.S. Granules</i>	Powder for oral liquid 400 mg (base) per 5 mL, 100 mL	1	2.73	<i>E-Mycin 400</i>
<i>Elocon</i>	Cream 1 mg per g (0.1%), 15 g	1	2.45	<i>Novasone</i>
	Ointment 1 mg per g (0.1%), 15 g	1	2.45	<i>Novasone</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Epilim EC</i>	Lotion 1 mg per g (0.1% w/w), 30 mL	1	2.45	<i>Novasone</i>
	Tablet 200 mg (enteric coated)	200	2.00	<i>Sodium Valproate Sandoz; Valprease 200; Valpro 200; Valproate Winthrop EC 200</i>
	Tablet 500 mg (enteric coated)	200	2.00	<i>Sodium Valproate Sandoz; Valprease 500; Valpro 500; Valproate Winthrop EC 500</i>
<i>Eryc</i>	Capsule 250 mg	25	2.38	<i>Mayne Pharma Erythromycin</i>
<i>Fasigyn</i>	Tablet 500 mg	4	2.42	<i>Simplotan</i>
<i>Feldene</i>	Capsule 10 mg	50	2.52	<i>Chem mart Piroxicam; GenRx Piroxicam; Mobilis 10; Terry White Chemists Piroxicam</i>
	Capsule 20 mg	25	2.49	<i>Chem mart Piroxicam; GenRx Piroxicam; Mobilis 20; Terry White Chemists Piroxicam</i>
<i>Feldene-D</i>	Dispersible tablet 20 mg	25	2.49	<i>Mobilis D-20</i>
<i>Flagyl</i>	Tablet 400 mg	21	2.30	<i>Metrogyl 400; Metronide 400</i>
	Tablet 200 mg	21	2.30	<i>Metrogyl 200; Metronide 200</i>
<i>Fosamax Once Weekly</i>	Tablet equivalent to 70 mg alendronic acid	4	2.05	<i>Adronat; Alendrobell 70mg; Alendronate-GA; Alendronate Sandoz; Alendro Once Weekly; APO-Alendronate; Chem mart Alendronate 70mg; Ossmax 70mg; Terry White Chemists Alendronate 70mg</i>
<i>Fosamax Plus 70 mg/140 mcg</i>	Tablet equivalent to 70 mg alendronic acid with 140 micrograms colecalciferol	4	2.50	<i>Dronalen Plus</i>
<i>Genteal</i>	Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	1	1.95	<i>In a Wink Moisturising</i>
<i>Genteal gel</i> <i>Glucophage</i>	Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g	1	1.95	<i>HPMC PAA</i>
	Tablet 500 mg	100	0.87	<i>APO-Metformin 500; Chem mart Metformin; Diabex; Diaformin; Formet 500; GenRx Metformin; Metformin 500; Metformin-GA; Metformin generichealth; Metformin Ranbaxy; Metformin Sandoz; Terry White Chemists Metformin</i>
	Tablet 850 mg	60	0.87	<i>APO-Metformin 850; Chem mart Metformin; Diabex 850; Diaformin 850; Formet 850; GenRx Metformin; Metformin 850; Metformin-GA; Metformin generichealth; Metformin Ranbaxy; Metformin Sandoz; Terry White Chemists Metformin</i>
<i>Gopten</i>	Capsule 500 micrograms	28	1.39	<i>APO-Trandolapril; Dolapril 0.5; Tranalpha; Trandolapril-DP; Trandolapril generichealth</i>
	Capsule 1 mg	28	1.41	<i>APO-Trandolapril; Dolapril 1; Tranalpha; Trandolapril-DP; Trandolapril generichealth</i>
	Capsule 2 mg	28	1.40	<i>APO-Trandolapril; Dolapril 2; Tranalpha; Trandolapril-DP; Trandolapril generichealth</i>
	Capsule 4 mg	28	1.42	<i>APO-Trandolapril; Dolapril 4; Tranalpha; Trandolapril-DP; Trandolapril generichealth</i>
<i>Imdur 120 mg</i>	Tablet 120 mg (sustained release)	30	2.55	<i>Monodur 120 mg</i>
<i>Imdur Durule</i>	Tablet 60 mg (sustained release)	30	2.41	<i>Chem mart Isosorbide Mononitrate; Duride; GenRx Isosorbide Mononitrate; Imtrate 60 mg; Isomonit; Monodur 60 mg; Terry White Chemists Isosorbide Mononitrate</i>
<i>Imigran</i>	Tablet 50 mg (as succinate)	4	1.84	<i>APO-Sumatriptan; Chem mart Sumatriptan; Pharmacor Sumatriptan 50; Sumagran 50; Sumatab; Sumatriptan-GA; Sumatriptan generichealth; Terry White Chemists Sumatriptan</i>
<i>Imodium</i>	Capsule 2 mg	12	0.89	<i>Gastro-Stop Loperamide</i>
<i>Indocid</i>	Capsule 25 mg	100	2.02	<i>Arthrexin</i>
<i>Isoptin</i>	Tablet 40 mg	100	0.73	<i>Anpec 40</i>
	Tablet 80 mg	100	0.71	<i>Anpec 80</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Isoptin 180 SR</i>	Tablet 180 mg (sustained release)	30	2.16	<i>Cordilox 180 SR</i>
<i>Isoptin SR</i>	Tablet 240 mg (sustained release)	30	2.15	<i>Cordilox SR</i>
<i>Keflex</i>	Capsule 250 mg	20	2.03	<i>Cefalexin Sandoz; Cephalixin generichealth; Cephalixin-PS; Cephatrust 250; Chem mart Cephalixin; Cilix; GenRx Cephalixin; Ialex; Ibilex 250; Pharmacor Cephalixin 250; Rancef; Terry White Chemists Cephalixin</i>
	Capsule 500 mg	20	2.73	<i>Cefalexin Sandoz; Cephabell; Cephalixin generichealth; Cephalixin-PS; Cephatrust 500; Chem mart Cephalixin; Cilix; GenRx Cephalixin; Ialex; Ibilex 500; Pharmacor Cephalixin 500; Rancef; Terry White Chemists Cephalixin</i>
	Granules for syrup 125 mg per 5 mL, 100 mL	1	2.20	<i>APO-Cephalixin; Cefalexin Sandoz; Chem mart Cephalixin; Cilix; GenRx Cephalixin; Ialex; Ibilex 125; Terry White Chemists Cephalixin</i>
	Granules for syrup 250 mg per 5 mL, 100 mL	1	2.70	<i>APO-Cephalixin; Cefalexin Sandoz; Chem mart Cephalixin; Cilix; GenRx Cephalixin; Ialex; Ibilex 250; Terry White Chemists Cephalixin</i>
<i>Kenacomb Otic</i>	Ear drops 1 mg-2.5 mg (base)- 250 micrograms- 100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 7.5 mL	1	1.95	<i>Otocomb Otic</i>
	Ear ointment 1 mg-2.5 mg (base)- 250 micrograms- 100,000 units per g (0.1%-0.25%-0.025%-100,000 units per g), 5 g	1	1.95	<i>Otocomb Otic</i>
<i>Klacid</i>	Tablet 250 mg	14	1.50	<i>APO-Clarithromycin; Chem mart Clarithromycin; Clarac; Clarihexal; Clarithro 250; GenRx Clarithromycin; Kalixocin; Terry White Chemists Clarithromycin</i>
<i>Lacri-Lube</i>	Pack containing 2 tubes compound eye ointment 3.5 g	1	2.12	<i>Ircal</i>
<i>Lamictal</i>	Tablet 5 mg	56	1.85	<i>Lamogine; Seaze 5</i>
	Tablet 25 mg	56	1.86	<i>APO-Lamotrigine; GenRx Lamotrigine; Lamidus; Lamogine; Lamotrigine-GA; Lamotrigine generichealth; Lamotrigine-PS; Lamotrigine Sandoz; Lamotrust 25; Seaze 25</i>
	Tablet 50 mg	56	2.14	<i>APO-Lamotrigine; GenRx Lamotrigine; Lamidus; Lamogine; Lamotrigine-GA; Lamotrigine generichealth; Lamotrigine-PS; Lamotrigine Sandoz; Lamotrust 50; Seaze 50</i>
	Tablet 100 mg	56	1.69	<i>APO-Lamotrigine; GenRx Lamotrigine; Lamidus; Lamogine; Lamotrigine-GA; Lamotrigine generichealth; Lamotrigine-PS; Lamotrigine Sandoz; Lamotrust 100; Seaze 100</i>
	Tablet 200 mg	56	1.85	<i>APO-Lamotrigine; GenRx Lamotrigine; Lamidus; Lamogine; Lamotrigine-GA; Lamotrigine generichealth; Lamotrigine-PS; Lamotrigine Sandoz; Lamotrust 200; Seaze 200</i>
<i>Lanoxin</i>	Tablet 250 micrograms	100	2.94	<i>Sigmaxin</i>
<i>Lanoxin-PG</i>	Tablet 62.5 micrograms	200	2.95	<i>Sigmaxin-PG</i>
<i>Lasix</i>	Tablet 40 mg	100	2.00	<i>Chem mart Frusemide; Frusax; Frusemide-PS; Frusemide Sandoz; Frusid; GenRx Frusemide; Terry White Chemists Frusemide; Uremide</i>
<i>Lasix-M</i>	Tablet 20 mg	100	1.60	<i>Chem mart Frusemide; Frusemide-PS; Frusid; GenRx Frusemide; Terry White Chemists Frusemide</i>
<i>Lexapro</i>	Tablet 10 mg (as oxalate)	28	4.70	<i>APO-Escitalopram; Chem mart Escitalopram; Escicor 10; Escitalopram-DRLA; Escitalopram GA; Escitalopram generichealth; Esipram; Esitalo; Lexam 10; LoxaLate;</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
	Tablet 20 mg (as oxalate)	28	6.85	Pharmacor Escitalopram 10; Terry White Chemists Escitalopram APO-Escitalopram; Chem mart Escitalopram; Escicor 20; Escitalopram-DRLA; Escitalopram GA; Escitalopram generichealth; Esipram; Esitalo; Lexam 20; LoxaLate; Pharmacor Escitalopram 20; Terry White Chemists Escitalopram
Lioresal 10	Tablet 10 mg	100	1.50	Chem mart Baclofen; Clofen 10; GenRx Baclofen; Stelax 10; Terry White Chemists Baclofen
Lioresal 25	Tablet 25 mg	100	1.29	Chem mart Baclofen; Clofen 25; GenRx Baclofen; Stelax 25; Terry White Chemists Baclofen
Lipex 10	Tablet 10 mg	30	1.76	APO-Simvastatin; Auro-Simvastatin 10; Chem mart Simvastatin; GenRx Simvastatin; Pharmacor Simvastatin 10; Ransim; Simvacor 10; Simvahexal; Simvar 10; Simvastatin-DP; Simvastatin-GA 10; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin-Spirit 10; Simvastatin Winthrop; Terry White Chemists Simvastatin; Zimstat; Zocor
Lipex 20	Tablet 20 mg	30	1.76	APO-Simvastatin; Auro-Simvastatin 20; Chem mart Simvastatin; GenRx Simvastatin; Pharmacor Simvastatin 20; Ransim; Simvacor 20; Simvahexal; Simvar 20; Simvastatin-DP; Simvastatin-GA 20; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin-Spirit 20; Simvastatin Winthrop; Terry White Chemists Simvastatin; Zimstat; Zocor
Lipex 40	Tablet 40 mg	30	2.03	APO-Simvastatin; Auro-Simvastatin 40; Chem mart Simvastatin; GenRx Simvastatin; Pharmacor Simvastatin 40; Ransim; Simvacor 40; Simvahexal; Simvar 40; Simvastatin-DP; Simvastatin-GA 40; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin-Spirit 40; Simvastatin Winthrop; Terry White Chemists Simvastatin; Zimstat; Zocor
Lipex 80	Tablet 80 mg	30	1.84	APO-Simvastatin; Auro-Simvastatin 80; Chem mart Simvastatin; GenRx Simvastatin; Pharmacor Simvastatin 80; Ransim; Simvacor 80; Simvar 80; Simvastatin-DP; Simvastatin-GA 80; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin Sandoz; Simvastatin-Spirit 80; Simvastatin Winthrop; Terry White Chemists Simvastatin; Zimstat; Zocor
Liquifilm Forte	Eye drops 30 mg per mL (3%), 15 mL	1	5.59	PVA Forte
Liquifilm Tears	Eye drops 14 mg per mL (1.4%), 15 mL	1	1.60	PVA Tears
Lomotil	Tablet 2.5 mg-25 micrograms	20	1.72	Lofenoxal
Lopid	Tablet 600 mg	60	1.98	Ausgem; Chem mart Gemfibrozil; Gemhexal; GenRx Gemfibrozil; Jezil; Lipazil 600 mg; Lipigem; Pharmacor Gemfibrozil 600; Terry White Chemists Gemfibrozil
Losec Tablets	Tablet 20 mg (as magnesium)	30	2.23	Acimax Tablets; Omepral
Luvox	Tablet containing fluvoxamine maleate 50 mg	30	2.30	APO-Fluvoxamine; Faverin 50; Fluvoxamine GA; Movox 50; Voxam
	Tablet containing fluvoxamine maleate 100 mg	30	2.30	APO-Fluvoxamine; Faverin 100; Fluvoxamine GA; Movox 100; Voxam
Maxamox	Tablet 1 g	14	0.73	Amoxycillin Sandoz
Microgynon 30 ED	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	13.59	Levlen ED

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Minidiab</i>	Tablet 5 mg	100	3.83	<i>Melizide</i>
<i>Minomycin-50</i>	Tablet 50 mg	60	1.89	<i>Akamin 50</i>
<i>Mobic</i>	Tablet 7.5 mg	30	1.76	<i>Chem mart Meloxicam 7.5 mg; GenRx Meloxicam; Meloxicam; Meloxicam-GA; Meloxicam Ranbaxy; Meloxicam Sandoz; Movalis 7.5; Moxicam 7.5; Pharmacor Meloxicam 7.5; Terry White Chemists Meloxicam 7.5 mg</i>
	Tablet 15 mg	30	1.76	<i>Chem mart Meloxicam 15 mg; GenRx Meloxicam; Meloxicam; Meloxicam-GA; Meloxicam Ranbaxy; Meloxicam Sandoz; Movalis 15; Moxicam 15; Pharmacor Meloxicam 15; Terry White Chemists Meloxicam 15 mg</i>
<i>Mogadon</i>	Tablet 5 mg	50	2.90	<i>Alodorm</i>
	Tablet 5 mg	25	1.45	<i>Alodorm</i>
<i>Naprosyn</i>	Tablet 250 mg	100	2.24	<i>Inza 250</i>
	Tablet 500 mg	50	1.30	<i>Inza 500</i>
<i>Naprosyn SR1000</i>	Tablet 1 g (sustained release)	28	1.29	<i>Proxen SR 1000</i>
<i>Naprosyn SR750</i>	Tablet 750 mg (sustained release)	28	1.22	<i>Proxen SR 750</i>
<i>Natrilix</i>	Tablet 2.5 mg	90	2.43	<i>Chem mart Indapamide; Dapa-Tabs; GenRx Indapamide; Indapamide-GA; Indapamide Sandoz; Insig; Terry White Chemists Indapamide</i>
<i>Neoral 100</i>	Capsule 100 mg	60	3.00	<i>Cicloral</i>
<i>Neoral 50</i>	Capsule 50 mg	60	2.50	<i>Cicloral</i>
<i>Neurontin</i>	Capsule 100 mg	100	0.68	<i>APO-Gabapentin; DBL Gabapentin; Gabatine 100; Nupentin 100</i>
	Capsule 300 mg	100	0.61	<i>DBL Gabapentin; Gabapentin 300; Gabapentin-GA; Gabapentin Sandoz; Gabatine 300; Gantin; GenRx Gabapentin; Nupentin 300</i>
	Capsule 400 mg	100	0.68	<i>DBL Gabapentin; Gabapentin 400; Gabapentin Sandoz; Gabatine 400; Gantin; GenRx Gabapentin; Nupentin 400</i>
	Tablet 600 mg	100	0.68	<i>Gabaran; Gabatine 600; GenRx Gabapentin; Nupentin Tabs; Pharmacor Gabapentin 600</i>
	Tablet 800 mg	100	0.67	<i>Gabaran; Gabatine 800; Gantin; GenRx Gabapentin; Nupentin Tabs; Pharmacor Gabapentin 800</i>
<i>Nolvadex-D</i>	Tablet 20 mg (base)	60	3.62	<i>Genox 20; GenRx Tamoxifen; Tamosin; Tamoxen 20 mg; Tamoxifen Sandoz</i>
<i>Nordette 28</i>	Pack containing 21 tablets 150 micrograms-30 micrograms and 7 inert tablets	4	13.55	<i>Monofeme 28</i>
<i>Noriday 28 Day</i>	Tablets 350 micrograms, 28	4	3.88	<i>Locilan 28 Day</i>
<i>Normison</i>	Tablet 10 mg	25	1.21	<i>APO-Temazepam; Temaze; Temtabs</i>
	Tablet 10 mg	50	2.42	<i>APO-Temazepam; Temaze; Temtabs</i>
<i>Noroxin</i>	Tablet 400 mg	14	2.66	<i>Chem mart Norfloxacin; GenRx Norfloxacin; Norfloxacin-GA; Norfloxacin Sandoz; Nufloxib; Roxin; Terry White Chemists Norfloxacin</i>
<i>Norvasc</i>	Tablet 5 mg (as besylate)	30	1.92	<i>Amlodipine-DRLA; Amlodipine-GA; Amlodipine generichealth; Amlodipine Pfizer; Amlodipine Sandoz; APO-Amlodipine; Auro-Amlodipine 5; Chem mart Amlodipine; Nordip; Norvapine; Ozlodip; Pharmacor Amlodipine 5; Terry White Chemists Amlodipine</i>
	Tablet 10 mg (as besylate)	30	2.80	<i>Amlodipine-DRLA; Amlodipine-GA; Amlodipine generichealth; Amlodipine Pfizer; Amlodipine Sandoz; APO-Amlodipine; Auro-Amlodipine 10; Chem mart Amlodipine; Nordip; Norvapine; Ozlodip; Pharmacor Amlodipine 10; Terry White Chemists Amlodipine</i>
<i>Oroxine</i>	Tablet equivalent to 50 micrograms anhydrous thyroxine sodium	200	2.21	<i>Eutroxig</i>
	Tablet equivalent to 75 micrograms anhydrous thyroxine	200	2.27	<i>Eutroxig</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
	sodium			
	Tablet equivalent to 100 micrograms anhydrous thyroxine sodium	200	2.21	<i>Eutroxsig</i>
	Tablet equivalent to 200 micrograms anhydrous thyroxine sodium	200	2.21	<i>Eutroxsig</i>
<i>Orudis SR 200</i>	Capsule 200 mg (sustained release)	28	2.21	<i>Oruvail SR</i>
<i>Panadeine Forte</i>	Tablet 30 mg-500 mg	20	1.88	<i>APO- Paracetamol/Codeine 500/30; Codalgin Forte; Codapane Forte; Comfarol Forte; Prodeine Forte</i>
	Tablet 30 mg-500 mg	60	5.64	<i>APO- Paracetamol/Codeine 500/30; Codalgin Forte; Codapane Forte; Comfarol Forte; Prodeine Forte</i>
<i>Panafcort</i>	Tablet 1 mg	100	0.61	<i>Predsone</i>
<i>Panafcortelone</i>	Tablet 1 mg	100	0.44	<i>Predsolone</i>
<i>Pepcidine</i>	Tablet 40 mg	30	3.84	<i>Ausfam 40; Chem mart Famotidine; Famotidine Sandoz; GenRx Famotidine; Pamacid 40; Pepzan; Terry White Chemists Famotidine</i>
<i>Plendil ER</i>	Tablet 2.5 mg (extended release)	30	4.06	<i>Felodur ER 2.5 mg</i>
	Tablet 5 mg (extended release)	30	4.07	<i>Felodil XR 5; Felodur ER 5 mg</i>
	Tablet 10 mg (extended release)	30	4.08	<i>Felodil XR 10; Felodur ER 10 mg</i>
<i>Pravachol</i>	Tablet containing pravastatin sodium 10 mg	30	1.97	<i>APO-Pravastatin; Chem mart Pravastatin; Cholstat 10; GenRx Pravastatin; Lipostat 10; Pharmacor Pravastat 10; Pravastatin-GA 10; Pravastatin generichealth; Pravastatin Sandoz; Pravastatin Winthrop; Terry White Chemists Pravastatin</i>
	Tablet containing pravastatin sodium 20 mg	30	2.01	<i>APO-Pravastatin; Chem mart Pravastatin; Cholstat 20; Cholvastin; GenRx Pravastatin; Lipostat 20; Pharmacor Pravastat 20; Pravastatin-GA 20; Pravastatin generichealth; Pravastatin Sandoz; Pravastatin Winthrop; Terry White Chemists Pravastatin</i>
	Tablet containing pravastatin sodium 40 mg	30	2.42	<i>APO-Pravastatin; Chem mart Pravastatin; Cholstat 40; Cholvastin; GenRx Pravastatin; Lipostat 40; Pharmacor Pravastat 40; Pravastatin-GA 40; Pravastatin generichealth; Pravastatin Sandoz; Pravastatin Winthrop; Terry White Chemists Pravastatin</i>
	Tablet containing pravastatin sodium 80 mg	30	2.17	<i>APO-Pravastatin; Chem mart Pravastatin; Lipostat 80; Pravastatin-GA 80; Pravastatin generichealth; Pravastatin Sandoz; Terry White Chemists Pravastatin</i>
<i>Prinivil 10</i>	Tablet 10 mg	30	2.94	<i>APO-Lisinopril; Chem mart Lisinopril; Fibsol 10; GenRx Lisinopril; Lisinopril 10; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisinopril Winthrop; Lisodur; Terry White Chemists Lisinopril; Zestril</i>
<i>Prinivil 20</i>	Tablet 20 mg	30	2.94	<i>APO-Lisinopril; Chem mart Lisinopril; Fibsol 20; GenRx Lisinopril; Lisinopril 20; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisinopril Winthrop; Lisodur; Terry White Chemists Lisinopril; Zestril</i>
<i>Prinivil 5</i>	Tablet 5 mg	30	2.96	<i>APO-Lisinopril; Chem mart Lisinopril; Fibsol 5; GenRx Lisinopril; Lisinopril 5; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisinopril Winthrop; Lisodur; Terry White Chemists Lisinopril; Zestril</i>
<i>Provera</i>	Tablet 10 mg	100	1.53	<i>Ralovera</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
Prozac 20	Tablet 5 mg	56	1.64	Ralovera
	Tablet 10 mg	30	1.64	Medroxyprogesterone Sandoz; Ralovera
	Capsule 20 mg (as hydrochloride)	28	3.53	Auscap; Chem mart Fluoxetine; Fluoxetine 20; Fluoxetine-GA; Fluoxetine generichealth; Fluoxetine- PS; Fluoxetine RBX; Fluoxetine Sandoz; GenRx Fluoxetine; Lovan; Terry White Chemists Fluoxetine; Zactin
Prozac Tab	Tablet, dispersible, 20 mg (as hydrochloride)	28	3.53	Lovan 20 Tab; Zactin Tablet
Redipred	Oral solution equivalent to 5 mg prednisolone per mL, 30 mL	1	1.77	PredMix
Renitec	Tablet containing enalapril maleate 10 mg	30	3.49	Acetec; Auspril; Chem mart Enalapril; Enalapril-GA; Enalapril generichealth; Enalapril Sandoz; Enalapril Winthrop; GenRx Enalapril; Terry White Chemists Enalapril
Renitec 20	Tablet containing enalapril maleate 20 mg	30	3.49	Acetec; Auspril; Chem mart Enalapril; Enalapril-GA; Enalapril generichealth; Enalapril Sandoz; GenRx Enalapril; Terry White Chemists Enalapril
Renitec M	Tablet containing enalapril maleate 5 mg	30	3.49	Acetec; Auspril; Chem mart Enalapril; Enalapril-GA; Enalapril generichealth; Enalapril Sandoz; Enalapril Winthrop; GenRx Enalapril; Terry White Chemists Enalapril
Rivotril	Tablet 500 micrograms	100	1.71	Paxam 0.5
	Tablet 500 micrograms	200	3.42	Paxam 0.5
	Tablet 2 mg	100	1.93	Paxam 2
Roaccutane	Tablet 2 mg	200	3.86	Paxam 2
	Capsule 20 mg	60	1.63	APO-Isotretinoin; GenRx Isotretinoin; Oratane; Rocta 20
	Tablet 150 mg	10	1.71	APO-Roxithromycin; Biaxsig; Chem mart Roxithromycin; Roxar 150; Roximycin; Roxithromycin-GA; Roxithromycin Sandoz; Terry White Chemists Roxithromycin
Rulide	Tablet 300 mg	5	1.71	APO-Roxithromycin; Biaxsig; Chem mart Roxithromycin; Roxar 300; Roximycin; Roxithromycin-GA; Roxithromycin Sandoz; Terry White Chemists Roxithromycin
	Tablet 500 mg (enteric coated)	200	1.84	Pyralin EN
	Tablet 160 mg-800 mg	10	1.46	Bactrim DS; Resprim Forte
Serepax	Tablet 15 mg	25	2.69	Alepam 15
	Tablet 15 mg	50	5.38	Alepam 15
	Tablet 30 mg	25	2.69	Alepam 30; APO-Oxazepam; Murelax
Sigmacort	Tablet 30 mg	50	5.38	Alepam 30; APO-Oxazepam; Murelax
	Cream 10 mg per g (1%), 30 g	1	2.69	Cortic-DS 1%
	Cream 10 mg per g (1%), 50 g	1	2.70	Cortic-DS 1%
Sinemet	Topical ointment 10 mg per g (1%), 30 g	1	2.69	Cortic-DS 1%
	Topical ointment 10 mg per g (1%), 50 g	1	2.70	Cortic-DS 1%
	Tablet 250 mg-25 mg	100	2.92	Levo/Carbidopa Sandoz
Sinemet 100/25	Tablet 100 mg-25 mg	100	5.19	Kinson
Slow-K	Tablet 600 mg (sustained release)	200	2.94	Duro-K
Sofradex	Ear drops 500 micrograms-5 mg-50 micrograms per mL, 8 mL	1	1.91	Otodex
Sotacor	Tablet 80 mg	60	3.40	GenRx Sotalol; Solavert; Sotalol Sandoz
	Tablet 160 mg	60	3.40	Cardol; Chem mart Sotalol; GenRx Sotalol; Solavert; Sotalol Sandoz; Terry White Chemists Sotalol
Stemetil	Tablet containing prochlorperazine maleate 5 mg	25	3.45	APO-Prochlorperazine; Pharmacor Prozine 5; ProCalm; Prochlorperazine- GA; Prochlorperazine GH; Prochlorperazine-PS; Stemizine
Tazac	Capsule 150 mg	60	5.32	Nizac; Tacidine
	Capsule 300 mg	30	5.32	Nizac; Tacidine
Tears Naturale	Eye drops 3 mg-1 mg per mL (0.3%-0.1%), 15 mL	1	1.77	Poly-Tears
Tegretol 100	Tablet 100 mg	200	2.96	Carbamazepine Sandoz
Tegretol 200	Tablet 200 mg	200	2.96	Carbamazepine Sandoz; Teril
Tenormin	Tablet 50 mg	30	2.21	APO-Atenolol; Atenolol-GA; Atenolol generichealth; Atenolol-PS; Atenolol

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
				<i>Sandoz; Chem mart Atenolol; Noten; Tensig; Terry White Chemists Atenolol</i>
<i>Timoptol</i>	Eye drops 2.5 mg (base) per mL (0.25%), 5 mL	1	3.03	<i>Tenopt</i>
	Eye drops 5 mg (base) per mL (0.5%), 5 mL	1	3.03	<i>Tenopt</i>
<i>Tofranil 10</i>	Tablet 10 mg	50	2.79	<i>Toleraide 10</i>
<i>Tofranil 25</i>	Tablet 25 mg	50	2.79	<i>Toleraide 25</i>
<i>Tolvon</i>	Tablet 10 mg	50	3.30	<i>Lumin 10</i>
	Tablet 20 mg	50	3.30	<i>Lumin 20</i>
<i>Tramal</i>	Capsule 50 mg	20	1.83	<i>APO-Tramadol; Chem mart Tramadol; GA Tramadol 50mg; GenRx Tramadol; Lodam 50; Terry White Chemists Tramadol; Tramadol Sandoz; Tramedo; Zydol</i>
<i>Tramal SR 100</i>	Tablet 100 mg (twice daily sustained release)	20	3.40	<i>APO-Tramadol SR; Chem mart Tramadol SR; GA Tramadol SR 100mg; Lodam SR 100; Terry White Chemists Tramadol SR; Tramadol Sandoz SR; Tramedo SR 100; Zydol SR 100</i>
<i>Tramal SR 150</i>	Tablet 150 mg (twice daily sustained release)	20	4.06	<i>APO-Tramadol SR; Chem mart Tramadol SR; GA Tramadol SR 150mg; Lodam SR 150; Terry White Chemists Tramadol SR; Tramadol Sandoz SR; Tramedo SR 150; Zydol SR 150</i>
<i>Tramal SR 200</i>	Tablet 200 mg (twice daily sustained release)	20	4.59	<i>APO-Tramadol SR; Chem mart Tramadol SR; GA Tramadol SR 200mg; Lodam SR 200; Terry White Chemists Tramadol SR; Tramadol Sandoz SR; Tramedo SR 200; Zydol SR 200</i>
<i>Trandate</i>	Tablet 100 mg	100	3.13	<i>Presolol 100</i>
	Tablet 200 mg	100	3.14	<i>Presolol 200</i>
<i>Triphasil 28</i>	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	13.55	<i>Trifeme 28</i>
<i>Triprim</i>	Tablet 300 mg	7	1.89	<i>Alprim</i>
<i>Triquilar ED</i>	Pack containing 6 tablets 50 micrograms-30 micrograms, 5 tablets 75 micrograms-40 micrograms, 10 tablets 125 micrograms-30 micrograms and 7 inert tablets	4	13.59	<i>Logynon ED</i>
<i>Valium</i>	Tablet 2 mg	50	0.82	<i>Antenex 2; APO-Diazepam; Ranzepam; Valpam 2</i>
	Tablet 5 mg	50	0.85	<i>Antenex 5; APO-Diazepam; Diazepam-GA; Ranzepam; Valpam 5</i>
<i>Vastin</i>	Capsule 20 mg (as sodium)	28	3.09	<i>Lescol</i>
	Capsule 40 mg (as sodium)	28	3.36	<i>Lescol</i>
<i>Ventolin CFC-free</i>	Oral pressurised inhalation 100 micrograms (base) per dose (200 doses), CFC-free formulation	2	2.32	<i>Airomir; APO-Salbutamol Inhaler; Asmol CFC-free</i>
<i>Ventolin Nebules</i>	Nebuliser solution single dose units 2.5 mg (base) in 2.5 mL, 30	2	1.34	<i>Asmol 2.5 uni-dose; Butamol 2.5; GenRx Salbutamol; Pharmacor Salbutamol 2.5; Salbutamol-GA; Salbutamol Sandoz</i>
	Nebuliser solution single dose units 5 mg (base) in 2.5 mL, 30	2	1.36	<i>Asmol 5 uni-dose; Butamol 5; GenRx Salbutamol; Pharmacor Salbutamol 5; Salbutamol-GA; Salbutamol Sandoz</i>
<i>Vibra-Tabs</i>	Tablet 50 mg (as hydrochloride)	25	1.20	<i>Doxy-50; Doxilyn 50</i>
<i>Viscotears</i>	Eye gel 2 mg per g (0.2%), 10 g	1	1.50	<i>PAA</i>
<i>Visken 15</i>	Tablet 15 mg	50	2.57	<i>Barbloc 15</i>
<i>Voltaren 25</i>	Tablet 25 mg (enteric coated)	100	2.32	<i>APO-Diclofenac; Chem mart Diclofenac; Clonac 25; Diclofenac-GA; Diclofenac Sandoz; Fenac 25; Terry White Chemists Diclofenac</i>
<i>Voltaren 50</i>	Tablet 50 mg (enteric coated)	50	2.34	<i>APO-Diclofenac; Chem mart Diclofenac; Clonac 50; Diclofenac-GA; Diclofenac Sandoz; Fenac; Terry White Chemists Diclofenac</i>
<i>Xanax</i>	Tablet 250 micrograms	50	0.83	<i>Alprax 0.25; Alprazolam Sandoz; Kalma 0.25</i>
	Tablet 500 micrograms	50	0.87	<i>Alprax 0.5; Alprazolam Sandoz; Kalma 0.5</i>
	Tablet 1 mg	50	1.04	<i>Alprax 1; Alprazolam Sandoz; Chem mart Alprazolam; GenRx Alprazolam; Kalma 1; Ralozam; Terry White Chemists Alprazolam</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
<i>Xanax Tri-Score</i>	Tablet 2 mg	50	1.25	<i>Alprax 2; Alprazolam Sandoz; Chem mart Alprazolam; GenRx Alprazolam; Kalma 2; Ralozam; Terry White Chemists Alprazolam</i>
<i>Zanidip</i>	Tablet 10 mg	28	2.66	<i>APO-Lercanidipine; Chem mart Lercanidipine; Lercadip; Lercan; Lercanidipine Sandoz; Terry White Chemists Lercanidipine; Zircol</i>
	Tablet 20 mg	28	2.64	<i>APO-Lercanidipine; Chem mart Lercanidipine; Lercadip; Lercan; Lercanidipine Sandoz; Terry White Chemists Lercanidipine; Zircol</i>
<i>Zantac</i>	Tablet 150 mg (base)	60	2.35	<i>Ausran; Chem mart Ranitidine; GenRx Ranitidine; Rani 2; Ranitidine-PS; Ranitidine Sandoz; Ranoxyl; Terry White Chemists Ranitidine; Ulcaid</i>
	Tablet 300 mg (base)	30	2.35	<i>Ausran; Chem mart Ranitidine; GenRx Ranitidine; Rani 2; Ranitidine Sandoz; Terry White Chemists Ranitidine; Ulcaid</i>
<i>Zestril</i>	Tablet 5 mg	30	1.47	<i>APO-Lisinopril; Chem mart Lisinopril; Fibsol 5; GenRx Lisinopril; Lisinopril 5; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisinopril Winthrop; Lisodur; Prinivil 5; Terry White Chemists Lisinopril</i>
	Tablet 10 mg	30	1.47	<i>APO-Lisinopril; Chem mart Lisinopril; Fibsol 10; GenRx Lisinopril; Lisinopril 10; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisinopril Winthrop; Lisodur; Prinivil 10; Terry White Chemists Lisinopril</i>
	Tablet 20 mg	30	1.47	<i>APO-Lisinopril; Chem mart Lisinopril; Fibsol 20; GenRx Lisinopril; Lisinopril 20; Lisinopril-DRLA; Lisinopril-GA; Lisinopril generichealth; Lisinopril-PS; Lisinopril Ranbaxy; Lisinopril Sandoz; Lisinopril Winthrop; Lisodur; Prinivil 20; Terry White Chemists Lisinopril</i>
<i>Zocor</i>	Tablet 5 mg	30	1.76	<i>Simvahexal; Zimstat</i>
	Tablet 10 mg	30	1.76	<i>APO-Simvastatin; Auro-Simvastatin 10; Chem mart Simvastatin; GenRx Simvastatin; Lipex 10; Pharmacor Simvastatin 10; Ransim; Simvacor 10; Simvahexal; Simvar 10; Simvastatin-DP; Simvastatin-GA 10; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin-Spirit 10; Simvastatin Winthrop; Terry White Chemists Simvastatin; Zimstat</i>
	Tablet 20 mg	30	1.76	<i>APO-Simvastatin; Auro-Simvastatin 20; Chem mart Simvastatin; GenRx Simvastatin; Lipex 20; Pharmacor Simvastatin 20; Ransim; Simvacor 20; Simvahexal; Simvar 20; Simvastatin-DP; Simvastatin-GA 20; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin-Spirit 20; Simvastatin Winthrop; Terry White Chemists Simvastatin; Zimstat</i>
	Tablet 40 mg	30	2.03	<i>APO-Simvastatin; Auro-Simvastatin 40; Chem mart Simvastatin; GenRx Simvastatin; Lipex 40; Pharmacor Simvastatin 40; Ransim; Simvacor 40; Simvahexal; Simvar 40; Simvastatin-DP; Simvastatin-GA 40; Simvastatin generichealth; Simvastatin Pfizer; Simvastatin-Spirit 40; Simvastatin Winthrop; Terry White Chemists</i>

Premium Priced Brand	Form and Strength	Max. Qty	Brand Premium \$	Benchmark Priced Brands
	Tablet 80 mg	30	1.84	<i>Simvastatin; Zimstat</i> <i>APO-Simvastatin; Auro-Simvastatin 80;</i> <i>Chem mart Simvastatin; GenRx</i> <i>Simvastatin; Lipex 80; Pharmacor</i> <i>Simvastatin 80; Ransim; Simvacor 80;</i> <i>Simvar 80; Simvastatin-DP;</i> <i>Simvastatin-GA 80; Simvastatin</i> <i>generichealth; Simvastatin Pfizer;</i> <i>Simvastatin Sandoz; Simvastatin-Spirit</i> <i>80; Simvastatin Winthrop; Terry White</i> <i>Chemists Simvastatin; Zimstat</i>
<i>Zoloft</i>	Tablet 50 mg (as hydrochloride)	30	0.77	<i>Auro-Sertraline 50; Chem mart</i> <i>Sertraline; Eleva 50; GenRx Sertraline;</i> <i>Sertra 50; Sertracor 50; Sertraline 50;</i> <i>Sertraline-DRLA; Sertraline-GA;</i> <i>Sertraline generichealth; Sertraline</i> <i>Pfizer; Sertraline Sandoz; Sertraline</i> <i>Winthrop; Setrona; Terry White</i> <i>Chemists Sertraline; Xydep 50</i>
	Tablet 100 mg (as hydrochloride)	30	0.77	<i>Auro-Sertraline 100; Chem mart</i> <i>Sertraline; Eleva 100; GenRx Sertraline;</i> <i>Sertra 100; Sertracor 100; Sertraline</i> <i>100; Sertraline-DRLA; Sertraline-GA;</i> <i>Sertraline generichealth; Sertraline</i> <i>Pfizer; Sertraline Sandoz; Setrona;</i> <i>Terry White Chemists Sertraline; Xydep</i> <i>100</i>
<i>Zovirax 200 mg</i>	Tablet 200 mg	50	4.10	<i>Acihexal; Acyclo-V 200; GenRx</i> <i>Aciclovir; Lovir</i>
	Tablet 200 mg	90	3.06	<i>Aciclovir 200; Aciclovir GH; Acihexal;</i> <i>Acyclo-V 200; Chem mart Aciclovir;</i> <i>GenRx Aciclovir; Lovir; Ozvir; Terry</i> <i>White Chemists Aciclovir</i>
<i>Zovirax 800 mg</i>	Tablet 800 mg	35	1.49	<i>Aciclovir 800; Acihexal; Acyclo-V 800;</i> <i>GenRx Aciclovir</i>
<i>Zyban</i>	Tablet 150 mg (sustained release)	30	0.80	<i>Prexaton</i>
	Tablet 150 mg (sustained release)	90	0.81	<i>Prexaton</i>
<i>Zyloprim</i>	Tablet 100 mg	200	2.85	<i>Allopurinol Sandoz; Allosig; Chem mart</i> <i>Allopurinol; GenRx Allopurinol;</i> <i>Progout 100; Terry White Chemists</i> <i>Allopurinol</i>
	Tablet 300 mg	60	2.85	<i>Allopurinol Sandoz; Allosig; Chem mart</i> <i>Allopurinol; GenRx Allopurinol;</i> <i>Progout 300; Terry White Chemists</i> <i>Allopurinol</i>