



Australian Government

Department of Health and Ageing

SCHEDULE OF PHARMACEUTICAL BENEFITS

SUMMARY OF CHANGES

EFFECTIVE 1 July 2012

PHARMACEUTICAL BENEFITS

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 July 2012. The Schedule is updated on the first day of each month and is available on the Internet at www.pbs.gov.au.

Fees, Patient Contributions and Safety Net Thresholds

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

Dispensing Fees:	Ready-prepared	\$6.52
	Dangerous drug fee	\$2.71
	Extemporaneously-prepared	\$8.56
	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

1548L	Amino Acid Formula with Vitamins and Minerals without Methionine , Oral liquid 125 mL, 30 (<i>HCU Lophlex LQ 20</i>)
1547K	Amino Acid Formula with Vitamins and Minerals without Phenylalanine and Tyrosine , Oral liquid 125 mL, 30 (<i>TYR Lophlex LQ 20</i>)
1546J	Amino Acid Formula with Vitamins and Minerals without Valine, Leucine and Isoleucine , Oral liquid 125 mL, 30 (<i>MSUD Lophlex LQ 20</i>)
1521C	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>Neocate Advance Vanilla</i>)
1545H	Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids and Medium Chain Triglycerides , Compound powder 400 g (<i>Neocate Gold</i>)
1519Y	Glucose Indicator—blood , Test strips, 100 (<i>BGStar</i>)
1520B	Glucose Indicator—blood , Test strips, 100 (<i>BGStar</i>)

Addition – Brand

1784X	<i>Ceftriaxone-AFT, AE</i> – Ceftriaxone , Powder for injection 1 g
1785Y	<i>Ceftriaxone-AFT, AE</i> – Ceftriaxone , Powder for injection 2 g
1209P	<i>Loxip 500, DO</i> – Ciprofloxacin , Tablet 500 mg
1210Q	<i>Loxip 750, DO</i> – Ciprofloxacin , Tablet 750 mg
8220P	<i>A-Citalopram, TA</i> – Citalopram Hydrobromide , Tablet 20 mg (base)
8358X	<i>Pharmacor Clopidogrel 75, CR</i> – Clopidogrel , Tablet 75 mg (as hydrogen sulfate)
8656N	<i>Kerron 1000, DO</i> – Levetiracetam , Tablet 1 g
8654L	<i>Kerron 250, DO</i> – Levetiracetam , Tablet 250 mg
8655M	<i>Kerron 500, DO</i> – Levetiracetam , Tablet 500 mg
1801T	<i>Metformin Pfizer, FZ</i> – Metformin Hydrochloride , Tablet 850 mg
2430X	<i>Metformin Pfizer, FZ</i> – Metformin Hydrochloride , Tablet 500 mg
8607B	<i>Metformin Pfizer, FZ</i> – Metformin Hydrochloride , Tablet 1 g
8513C	<i>Mirtazapine GH, GQ</i> – Mirtazapine , Tablet 30 mg
8883M	<i>Mirtazapine GH, GQ</i> – Mirtazapine , Tablet 45 mg
1900B	<i>Moclobemide-PS, FZ</i> – Moclobemide , Tablet 150 mg
8003F	<i>Moclobemide-PS, FZ</i> – Moclobemide , Tablet 300 mg
8187X	<i>Pharmacor Olanzapine 10, CR</i> – Olanzapine , Tablet 10 mg
8170B	<i>Pharmacor Olanzapine 2.5, CR</i> – Olanzapine , Tablet 2.5 mg
8185T	<i>Pharmacor Olanzapine 5, CR</i> – Olanzapine , Tablet 5 mg
8186W	<i>Pharmacor Olanzapine 7.5, CR</i> – Olanzapine , Tablet 7.5 mg
9109K	<i>Omeprazole Sandoz, SZ</i> – Omeprazole , Tablet 20 mg (as magnesium)
9110L	<i>Omeprazole Sandoz, SZ</i> – Omeprazole , Tablet 20 mg (as magnesium)
5470X	<i>Onsetron ODT 4, WQ</i> – Ondansetron , Tablet (orally disintegrating) 4 mg
5472B	<i>Onsetron ODT 4, WQ</i> – Ondansetron , Tablet (orally disintegrating) 4 mg
5471Y	<i>Onsetron ODT 8, WQ</i> – Ondansetron , Tablet (orally disintegrating) 8 mg
5473C	<i>Onsetron ODT 8, WQ</i> – Ondansetron , Tablet (orally disintegrating) 8 mg
1594X	<i>Zondan, GM</i> – Ondansetron , Tablet 4 mg (as hydrochloride dihydrate)

1595Y	<i>Zondan, GM</i> – Ondansetron , Tablet 8 mg (as hydrochloride dihydrate)
8224W	<i>Zondan, GM</i> – Ondansetron , Tablet 4 mg (as hydrochloride dihydrate)
8225X	<i>Zondan, GM</i> – Ondansetron , Tablet 8 mg (as hydrochloride dihydrate)
2285G	<i>Terbinafine Sandoz, SZ</i> – Terbinafine , Tablet 250 mg (as hydrochloride)
2804N	<i>Terbinafine Sandoz, SZ</i> – Terbinafine , Tablet 250 mg (as hydrochloride)

Deletions

Deletion – Item

2334W	Polygeline , I.V. infusion 17.5 g per 500 mL (3.5%) with electrolytes, 500 mL (<i>Haemaccel</i>)
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Deletion – Brand

8315P	<i>Maxipime, BQ</i> – Cefepime , Powder for injection 1 g (as hydrochloride) (solvent required)
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Deletion – Note

8769M	Gefitinib , Tablet 250 mg (<i>Iressa</i>)
9411H	Teriparatide , Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen (<i>Forteo</i>)

Alterations

Alteration – Item Description

From:

9320M	Dabigatran Etexilate , Capsules 75 mg (as mesilate), 60 (<i>Pradaxa</i>)
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To:

9320M	Dabigatran Etexilate , Capsule 75 mg (as mesilate) (<i>Pradaxa</i>)
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From:

9321N	Dabigatran Etexilate , Capsules 110 mg (as mesilate), 60 (<i>Pradaxa</i>)
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To:

9321N	Dabigatran Etexilate , Capsule 110 mg (as mesilate) (<i>Pradaxa</i>)
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From:

5401G	Fentanyl , Lozenges 200 micrograms (as citrate), 3 (<i>Actiq</i>)(Palliative Care)
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To:

5401G	Fentanyl , Lozenge 200 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)
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From:

5402H	Fentanyl , Lozenges 400 micrograms (as citrate), 3 (<i>Actiq</i>)(Palliative Care)
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To:

5402H	Fentanyl , Lozenge 400 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)
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From:

5403J	Fentanyl , Lozenges 600 micrograms (as citrate), 3 (<i>Actiq</i>)(Palliative Care)
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To:

5403J	Fentanyl , Lozenge 600 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)
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From:

5404K	Fentanyl , Lozenges 800 micrograms (as citrate), 3 (<i>Actiq</i>)(Palliative Care)
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To:

5404K	Fentanyl , Lozenge 800 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)
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From:

5405L	Fentanyl , Lozenges 1200 micrograms (as citrate), 3 (<i>Actiq</i>)(Palliative Care)
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To:

5405L **Fentanyl**, Lozenge 1200 micrograms (as citrate) (*Actiq*)(**Palliative Care**)

From:

5406M **Fentanyl**, Lozenges 1600 micrograms (as citrate), 3 (*Actiq*)(**Palliative Care**)

To:

5406M **Fentanyl**, Lozenge 1600 micrograms (as citrate) (*Actiq*)(**Palliative Care**)

From:

5407N **Fentanyl**, Lozenges 200 micrograms (as citrate), 30 (*Actiq*)(**Palliative Care**)

To:

5407N **Fentanyl**, Lozenge 200 micrograms (as citrate) (*Actiq*)(**Palliative Care**)

From:

5408P **Fentanyl**, Lozenges 400 micrograms (as citrate), 30 (*Actiq*)(**Palliative Care**)

To:

5408P **Fentanyl**, Lozenge 400 micrograms (as citrate) (*Actiq*)(**Palliative Care**)

From:

5409Q **Fentanyl**, Lozenges 600 micrograms (as citrate), 30 (*Actiq*)(**Palliative Care**)

To:

5409Q **Fentanyl**, Lozenge 600 micrograms (as citrate) (*Actiq*)(**Palliative Care**)

From:

5410R **Fentanyl**, Lozenges 800 micrograms (as citrate), 30 (*Actiq*)(**Palliative Care**)

To:

5410R **Fentanyl**, Lozenge 800 micrograms (as citrate) (*Actiq*)(**Palliative Care**)

From:

5411T **Fentanyl**, Lozenges 1200 micrograms (as citrate), 30 (*Actiq*)(**Palliative Care**)

To:

5411T **Fentanyl**, Lozenge 1200 micrograms (as citrate) (*Actiq*)(**Palliative Care**)

From:

5412W **Fentanyl**, Lozenges 1600 micrograms (as citrate), 30 (*Actiq*)(**Palliative Care**)

To:

5412W **Fentanyl**, Lozenge 1600 micrograms (as citrate) (*Actiq*)(**Palliative Care**)

From:

9465E **Rivaroxaban**, Tablets 10 mg, 10 (*Xarelto*)

To:

9465E **Rivaroxaban**, Tablet 10 mg (*Xarelto*)

From:

9467G **Rivaroxaban**, Tablets 10 mg, 30 (*Xarelto*)

To:

9467G **Rivaroxaban**, Tablet 10 mg (*Xarelto*)

From:

9468H **Rivaroxaban**, Tablets 10 mg, 10 (*Xarelto*)

To:

9468H **Rivaroxaban**, Tablet 10 mg (*Xarelto*)

Alteration – Number of Repeats

		<i>From</i>	<i>To</i>
8769M	Gefitinib , Tablet 250 mg (<i>Iressa</i>)	1	3

Alteration – Maximum Quantity

		<i>From</i>	<i>To</i>
9320M	Dabigatran Etexilate , Capsule 75 mg (as mesilate) (<i>Pradaxa</i>)	1	60
9321N	Dabigatran Etexilate , Capsule 110 mg (as mesilate) (<i>Pradaxa</i>)	1	60
5401G	Fentanyl , Lozenge 200 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	3	9
5402H	Fentanyl , Lozenge 400 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	3	9
5403J	Fentanyl , Lozenge 600 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	3	9
5404K	Fentanyl , Lozenge 800 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	3	9
5405L	Fentanyl , Lozenge 1200 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	3	9
5406M	Fentanyl , Lozenge 1600 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	3	9
5407N	Fentanyl , Lozenge 200 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	2	60
5408P	Fentanyl , Lozenge 400 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	2	60
5409Q	Fentanyl , Lozenge 600 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	2	60
5410R	Fentanyl , Lozenge 800 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	2	60
5411T	Fentanyl , Lozenge 1200 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	2	60
5412W	Fentanyl , Lozenge 1600 micrograms (as citrate) (<i>Actiq</i>)(Palliative Care)	2	60
9465E	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)	1	10
9467G	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)	1	30
9468H	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)	1	10

Alteration – Restriction

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>)
2244D	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>Neocate Advance Tropical Flavour</i>)
2553J	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>Neocate Advance Tropical Flavour</i>)
8574G	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>EleCare</i>)
8575H	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>EleCare</i>)
8754R	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>Neocate Advance</i>)
8755T	Amino Acids—synthetic, Formula , Compound powder 400 g (<i>Neocate Advance</i>)
2246F	Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids , Compound powder 400 g (<i>Neocate LCP</i>)
9339M	Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids , Compound powder 400 g (<i>EleCare LCP</i>)
2560R	Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids , Compound powder 400 g (<i>Neocate LCP</i>)
9340N	Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids , Compound powder 400 g (<i>EleCare LCP</i>)
5466Q	Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids and Medium Chain Triglycerides , Compound powder 400 g (<i>Neocate Gold</i>)
5467R	Amino Acid Synthetic Formula supplemented with Long Chain Polyunsaturated Fatty Acids and Medium Chain Triglycerides , Compound powder 400 g (<i>Neocate Gold</i>)

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>)
9318K	Dabigatran Etexilate , Capsule 75 mg (as mesilate) (<i>Pradaxa</i>)
9319L	Dabigatran Etexilate , Capsule 110 mg (as mesilate) (<i>Pradaxa</i>)
9320M	Dabigatran Etexilate , Capsule 75 mg (as mesilate) (<i>Pradaxa</i>)
9321N	Dabigatran Etexilate , Capsule 110 mg (as mesilate) (<i>Pradaxa</i>)
9322P	Dabigatran Etexilate , Capsule 75 mg (as mesilate) (<i>Pradaxa</i>)
9323Q	Dabigatran Etexilate , Capsule 110 mg (as mesilate) (<i>Pradaxa</i>)
5110Y	Denosumab , Injection 120 mg in 1.7 mL (<i>Xgeva</i>)
8769M	Gefitinib , Tablet 250 mg (<i>Iressa</i>)
2676W	Protein Hydrolysate Formula with Medium Chain Triglycerides , Compound powder 400 g (<i>Alfaré</i>)
8259Q	Protein Hydrolysate Formula with Medium Chain Triglycerides , Compound powder 450 g (<i>Karicare Aptamil Pepti-Junior Gold</i>)
9465E	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)
9466F	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)
9467G	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)
9468H	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)
9469J	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)
9411H	Teriparatide , Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen (<i>Forteo</i>)

Alteration – Note

9318K	Dabigatran Etexilate , Capsule 75 mg (as mesilate) (<i>Pradaxa</i>)
9320M	Dabigatran Etexilate , Capsule 75 mg (as mesilate) (<i>Pradaxa</i>)
9319L	Dabigatran Etexilate , Capsule 110 mg (as mesilate) (<i>Pradaxa</i>)
9321N	Dabigatran Etexilate , Capsule 110 mg (as mesilate) (<i>Pradaxa</i>)
9465E	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)
9466F	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)
9467G	Rivaroxaban , Tablet 10 mg (<i>Xarelto</i>)

Alteration – Authorised Prescriber

This item can now be prescribed by authorised midwives:

8487Q	Etonogestrel , Subcutaneous implant 68 mg (<i>Implanon NXT</i>)
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Alteration – Manufacturer's Code

		<i>From</i>	<i>To</i>
5503P	PAA, IQ – Carbomer , Eye gel 2 mg per g (0.2%), 10 g (Optometrical)	NM	IQ
8384G	PAA, IQ – Carbomer , Eye gel 2 mg per g (0.2%), 10 g	NM	IQ
9210R	PAA, IQ – Carbomer , Eye gel 2 mg per g (0.2%), 10 g	NM	IQ
5503P	Viscotears, AQ – Carbomer , Eye gel 2 mg per g (0.2%), 10 g (Optometrical)	NV	AQ
8384G	Viscotears, AQ – Carbomer , Eye gel 2 mg per g (0.2%), 10 g	NV	AQ
9210R	Viscotears, AQ – Carbomer , Eye gel 2 mg per g (0.2%), 10 g	NV	AQ
5504Q	Viscotears Gel PF, AQ – Carbomer , Eye gel 2 mg per g (0.2%), single dose units 0.6 mL, 30 (Optometrical)	NV	AQ
8578L	Viscotears Gel PF, AQ – Carbomer , Eye gel 2 mg per g (0.2%), single dose units 0.6 mL, 30	NV	AQ
5518K	Gentel, AQ – Hypromellose , Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative) (Optometrical)	NV	AQ

		<i>From</i>	<i>To</i>
8287E	<i>Genteal, AQ – Hypromellose</i> , Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	NV	AQ
9213X	<i>Genteal, AQ – Hypromellose</i> , Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	NV	AQ
5518K	<i>In a Wink Moisturising, IQ – Hypromellose</i> , Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative) (Optometrical)	NM	IQ
8287E	<i>In a Wink Moisturising, IQ – Hypromellose</i> , Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	NM	IQ
9213X	<i>In a Wink Moisturising, IQ – Hypromellose</i> , Eye drops 3 mg per mL (0.3%), 15 mL (contains sodium perborate as preservative)	NM	IQ
5519L	<i>Genteal gel, AQ – Hypromellose with Carbomer 980</i> , Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g (Optometrical)	NV	AQ
8564R	<i>Genteal gel, AQ – Hypromellose with Carbomer 980</i> , Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g	NV	AQ
9215B	<i>Genteal gel, AQ – Hypromellose with Carbomer 980</i> , Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g	NV	AQ
5519L	<i>HPMC PAA, IQ – Hypromellose with Carbomer 980</i> , Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g (Optometrical)	NM	IQ
8564R	<i>HPMC PAA, IQ – Hypromellose with Carbomer 980</i> , Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g	NM	IQ
9215B	<i>HPMC PAA, IQ – Hypromellose with Carbomer 980</i> , Ocular lubricating gel 3 mg-2 mg per g (0.3%-0.2%), 10 g	NM	IQ
2285G	<i>Terbihexal, HX – Terbinafine</i> , Tablet 250 mg (as hydrochloride)	SZ	HX
2804N	<i>Terbihexal, HX – Terbinafine</i> , Tablet 250 mg (as hydrochloride)	SZ	HX

SECTION 100 – HIGHLY SPECIALISED DRUGS PROGRAM

Alterations

Alteration – Restriction

9653C	Zoledronic Acid , Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL (<i>Zometa</i>) (Public)
6371H	Zoledronic Acid , Injection concentrate for I.V. infusion 4 mg (as monohydrate) in 5 mL (<i>Zometa</i>) (Private)

Alteration – Note

The following items are amended so the notes attached to Initial (new patients) restriction state “of patients” not “of adult patients”. This amendment was scheduled to coincide with the amendment of Bosentan Monohydrate in the Schedule of Pharmaceutical Benefits effective 1 April 2012.

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)

1308W **Tadalafil**, Tablet 20 mg (*Adcirca*)(Public)
 1304P **Tadalafil**, Tablet 20 mg (*Adcirca*)(Private)

REPATRIATION PHARMACEUTICAL BENEFITS

Alterations

Alteration – Brand Name

From:

4011D *Terbihexal, SZ* – **Terbinafine**, Tablet 250 mg (as hydrochloride)

To:

4011D *Terbinafine Sandoz, SZ* – **Terbinafine**, Tablet 250 mg (as hydrochloride)

Advance Notices

Advance Notices – Deletion of Item

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

2530E **Lincomycin**, Injection 600 mg in 2 mL (*Lincocin*)

5144R **Lincomycin**, Injection 600 mg in 2 mL (*Lincocin*)(Dental)

1743R **Oestradiol**, Transdermal patches 2 mg (releasing approximately 25 micrograms per 24 hours), 8 (*Estraderm 25*)

Advance Notices – Deletion of Brand

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 August 2012:
 Brands discontinued by the manufacturer—

8173E *Simvahexal, HX* – **Simvastatin**, Tablet 40 mg

9244M *Simvahexal, HX* – **Simvastatin**, Tablet 40 mg

The following brands will be deleted from the Schedule of Pharmaceutical Benefits on 1 September 2012:
 Brands discontinued by the manufacturer—

1312C *Diltahexal CD, HX* – **Diltiazem Hydrochloride**, Capsule 180 mg (controlled delivery)

2013Y *Simvahexal, HX* – **Simvastatin**, Tablet 5 mg

9241J *Simvahexal, HX* – **Simvastatin**, Tablet 5 mg

2011W *Simvahexal, HX* – **Simvastatin**, Tablet 10 mg

9242K *Simvahexal, HX* – **Simvastatin**, Tablet 10 mg

2012X *Simvahexal, HX* – **Simvastatin**, Tablet 20 mg

9243L *Simvahexal, HX* – **Simvastatin**, Tablet 20 mg

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

2488Y *Pepcidine, MK* – **Famotidine**, Tablet 40 mg

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of 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.								
1548L NP	Oral liquid 125 mL, 30	3	5	..	*3098.44	35.40	HCU Lophlex LQ 20	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without PHENYLALANINE and TYROSINE								
<u>Restricted benefit</u>								
Tyrosinaemia.								
1547K NP	Oral liquid 125 mL, 30	3	5	..	*3098.44	35.40	TYR Lophlex LQ 20	SB
AMINO ACID FORMULA with VITAMINS and MINERALS without VALINE, LEUCINE and ISOLEUCINE								
<u>Restricted benefit</u>								
Maple syrup urine disease.								
1546J NP	Oral liquid 125 mL, 30	3	5	..	*3098.44	35.40	MSUD Lophlex LQ 20	SB
AMINO ACIDS—SYNTHETIC, FORMULA								
<u>Authority required</u>								
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.								
<u>Authority required</u>								
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.								
<u>Note</u>								
Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.								
1521C NP	Compound powder 400 g	12	5	..	*531.76	35.40	Neocate Advance Vanilla	SB
AMINO ACIDS—SYNTHETIC, FORMULA								
<u>Authority required</u>								
Initial treatment, in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist, for up to 6 months, for cows' milk protein enteropathy with combined intolerance to both soy protein and protein hydrolysate formulae (not isolated colic or reflux) in a child up to the age of 24 months. 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 name of the specialist and the date of birth of the patient must be included in the authority application;								
Initial treatment, in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist, for up to 6 months, for severe cows' milk protein enteropathy with failure to thrive (not isolated infant colic or reflux) in a child up to the age of 24 months. The name of the specialist and the date of birth of the patient must be included in the authority application;								
Initial treatment for combined intolerance (not isolated infant colic or reflux) to cows' milk protein, soy protein and protein hydrolysate formulae in a child aged over 24 months. The child must have been assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. The name of the specialist and the date of birth of the patient must be included in the authority application.								
<u>Note</u>								
No applications for increased maximum quantities and/or repeats will be authorised.								
1180D	Compound powder 400 g	8	5	..	*361.24	35.40	Neocate Advance	SB

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of 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							Vanilla	
2244D	Compound powder 400 g	8	5	..	*361.24	35.40	Neocate Advance	SB
NP							Tropical Flavour	
8574G	Compound powder 400 g	8	5	..	*361.24	35.40	EleCare	AB
NP								
8754R	Compound powder 400 g	8	5	..	*361.24	35.40	Neocate Advance	SB
NP								

AMINO ACIDS—SYNTHETIC, FORMULA

Authority required

Treatment, in consultation with a specialist allergist or clinical immunologist, for a child with cows' milk anaphylaxis, up to the age of 24 months. Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction. The name of the specialist and the date of birth of the patient must be included in the authority application;

Continuing treatment for cows' milk protein enteropathy with combined intolerance to both soy protein and protein hydrolysate formulae (not isolated infant colic or reflux) in a child up to the age of 24 months. The child must have been assessed or have an appointment to be assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. The name of the specialist and the date of birth of the patient must be included in the authority application;

Continuing treatment for severe cows' milk protein enteropathy with failure to thrive (not isolated infant colic or reflux) in a child up to the age of 24 months. The child must have been assessed at least once or have an appointment to be assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. Then name of the specialist and the date of birth of the patient must be included in the authority application;

Continuing treatment for combined intolerance (not isolated infant colic or reflux) to cows' milk protein, soy protein and protein hydrolysate formulae in a child aged over 24 months. The child must have been assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist at intervals not greater than 12 months. The name of the specialist and 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	Compound powder 400 g	8	5	..	*361.24	35.40	Neocate Advance	SB
NP							Vanilla	
2553J	Compound powder 400 g	8	5	..	*361.24	35.40	Neocate Advance	SB
NP							Tropical Flavour	
8575H	Compound powder 400 g	8	5	..	*361.24	35.40	EleCare	AB
NP								
8755T	Compound powder 400 g	8	5	..	*361.24	35.40	Neocate Advance	SB
NP								

AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS

Authority required

Initial treatment, in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist, for up to 6 months, for cows' milk protein enteropathy with combined intolerance to both soy protein and protein hydrolysate formulae (not isolated colic or reflux) in a child up to the age of 24 months. 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 name of the specialist and the date of birth of the patient must be included in the authority application;

Initial treatment, in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist, for up to 6 months, for severe cows' milk protein enteropathy with failure to thrive (not isolated infant colic or reflux) in a child up to the age of 24 months. The name of the specialist and the date of birth of the patient must be included in the authority application;

Initial treatment for combined intolerance (not isolated infant colic or reflux) to cows' milk protein, soy protein and protein hydrolysate formulae in a child aged over 24 months. The child must have been assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. The name of the specialist and 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	Compound powder 400 g	8	5	..	*367.96	35.40	Neocate LCP	SB
NP								
9339M	Compound powder 400 g	8	5	..	*367.96	35.40	EleCare LCP	AB
NP								

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of 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>								
Treatment, in consultation with a specialist allergist or clinical immunologist, for a child with cows' milk anaphylaxis, up to the age of 24 months. Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction. The name of the specialist and the date of birth of the patient must be included in the authority application;								
Continuing treatment for cows' milk protein enteropathy with combined intolerance to both soy protein and protein hydrolysate formulae (not isolated infant colic or reflux) in a child up to the age of 24 months. The child must have been assessed or have an appointment to be assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. The name of the specialist and the date of birth of the patient must be included in the authority application;								
Continuing treatment for severe cows' milk protein enteropathy with failure to thrive (not isolated infant colic or reflux) in a child up to the age of 24 months. The child must have been assessed at least once or have an appointment to be assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. Then name of the specialist and the date of birth of the patient must be included in the authority application;								
Continuing treatment for combined intolerance (not isolated infant colic or reflux) to cows' milk protein, soy protein and protein hydrolysate formulae in a child aged over 24 months. The child must have been assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist at intervals not greater than 12 months. The name of the specialist and 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	..	*367.96	35.40	Neocate LCP	SB
9340N NP	Compound powder 400 g	8	5	..	*367.96	35.40	EleCare LCP	AB

AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS and MEDIUM CHAIN TRIGLYCERIDES

Authority required

Initial treatment, in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist, for up to 6 months, for cows' milk protein enteropathy with combined intolerance to both soy protein and protein hydrolysate formulae (not isolated colic or reflux) in a child up to the age of 24 months. 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 name of the specialist and the date of birth of the patient must be included in the authority application;

Initial treatment, in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist, for up to 6 months, for severe cows' milk protein enteropathy with failure to thrive (not isolated infant colic or reflux) in a child up to the age of 24 months. The name of the specialist and the date of birth of the patient must be included in the authority application;

Initial treatment for combined intolerance (not isolated infant colic or reflux) to cows' milk protein, soy protein and protein hydrolysate formulae in a child aged over 24 months. The child must have been assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. The name of the specialist and 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	..	*367.96	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

Treatment, in consultation with a specialist allergist or clinical immunologist, for a child with cows' milk anaphylaxis, up to the age of 24 months. Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction. The name of the specialist and the date of birth of the patient must be included in the authority application;

Continuing treatment for cows' milk protein enteropathy with combined intolerance to both soy protein and protein hydrolysate formulae (not isolated infant colic or reflux) in a child up to the age of 24 months. The child must have been assessed or have an appointment to be assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. The name of the specialist and the date of birth of the patient must be included in the authority application;

Continuing treatment for severe cows' milk protein enteropathy with failure to thrive (not isolated infant colic or reflux) in a child up to the age of 24 months. The child must have been assessed at least once or have an appointment to be assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. Then name of the specialist and the date of birth of the patient must be included in the authority application;

Continuing treatment for combined intolerance (not isolated infant colic or reflux) to cows' milk protein, soy protein and protein hydrolysate formulae in a child aged over 24 months. The child must have been assessed by a specialist allergist, clinical immunologist or specialist paediatric

GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of Administration and Form	Max. Qty	No. of Rpts	Premium	Dispensed Price for Max. Qty	Maximum Recordable Value for Safety Net	Brand Name and Manufacturer
					\$	\$	
	gastroenterologist at intervals not greater than 12 months. The name of the specialist and 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.						
5467R NP	Compound powder 400 g	8	5	..	*367.96	35.40	Neocate Gold SB

AMINO ACID SYNTHETIC FORMULA supplemented with LONG CHAIN POLYUNSATURATED FATTY ACIDS and MEDIUM CHAIN TRIGLYCERIDES

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.

1545H NP	Compound powder 400 g	12	5	..	*542.32	35.40	Neocate Gold SB
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APIXABAN

Authority required

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 supply to complete a course of treatment.

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

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

5500L NP	Tablet 2.5 mg	20	101.24	35.40	Eliquis BQ
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APIXABAN

Authority required

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 supply to complete a course of treatment.

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.

GENERAL PHARMACEUTICAL BENEFITS

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 \$	

Note

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

5054B NP	Tablet 2.5 mg	30	148.76	35.40	Eliquis	BQ
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APIXABAN

Authority required

Prevention of venous thromboembolism in a patient undergoing total hip replacement who requires up to 30 days supply to complete a course of treatment.

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

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

5061J NP	Tablet 2.5 mg	60	279.99	35.40	Eliquis	BQ
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DABIGATRAN ETEXILATE

Authority required

Prevention of venous thromboembolism in a patient undergoing total hip replacement who requires up to 20 days supply to complete a course of treatment.

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

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

9318K NP	Capsule 75 mg (as mesilate)	20	1	..	*81.26	35.40	Pradaxa	BY
9319L NP	Capsule 110 mg (as mesilate)	20	1	..	*81.26	35.40	Pradaxa	BY

DABIGATRAN ETEXILATE

Authority required

Prevention of venous thromboembolism in a patient undergoing total hip replacement who requires up to 30 days supply to complete a course of treatment.

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

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

9320M NP	Capsule 75 mg (as mesilate)	60	..	..	228.31	35.40	Pradaxa	BY
9321N NP	Capsule 110 mg (as mesilate)	60	..	..	228.31	35.40	Pradaxa	BY

DABIGATRAN ETEXILATE

Authority required

Prevention of venous thromboembolism in a patient undergoing total knee replacement who requires up to 10 days of 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.

GENERAL PHARMACEUTICAL BENEFITS

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 \$	
<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	..	*172.04	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 by, or in consultation with, a specialist allergist, clinical immunologist, paediatrician or specialist paediatric gastroenterologist for both cows' milk protein enteropathy and intolerance to soy protein (not isolated infant colic or reflux) in a child up to the age of 24 months. The child should have failed to respond to a strict soy-based cows' milk protein free diet. The date of birth of the patient must be included in the authority application;

Continuing treatment by, or in consultation with, a specialist allergist, clinical immunologist, paediatrician or specialist paediatric gastroenterologist for both cows' milk protein enteropathy and intolerance to soy protein (not isolated infant colic or reflux) in a child up to the age of 24 months, 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;

Treatment by a specialist allergist, clinical immunologist, paediatrician or specialist paediatric gastroenterologist for both cows' milk protein enteropathy and intolerance to soy protein (not isolated infant colic or reflux) in a child aged over 24 months. The child must have been assessed by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist. The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Biliary atresia;

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	..	*109.96	35.40	Karicare Aptamil Pepti-Junior Gold	NU
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RIVAROXABAN

Authority required

Prevention of venous thromboembolism in a patient undergoing total hip replacement who requires up to 20 days supply to complete a course of treatment.

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

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

9465E	Tablet 10 mg	10	1	..	101.24	35.40	Xarelto	BN
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GENERAL PHARMACEUTICAL BENEFITS

Code	Name, Restriction, Manner of 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							
<hr/>							
RIVAROXABAN							
<u>Authority required</u>							
Prevention of venous thromboembolism in a patient undergoing total hip replacement who requires up to 30 days supply to complete a course of treatment.							
<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.							
9466F NP	Tablet 10 mg	15	1	..	148.76	35.40	Xarelto BN
<hr/>							
RIVAROXABAN							
<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.							
9467G NP	Tablet 10 mg	30	279.99	35.40	Xarelto BN
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RIVAROXABAN							
<u>Authority required</u>							
Prevention of venous thromboembolism in a patient undergoing total knee 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.							
9468H NP	Tablet 10 mg	10	..	..	101.24	35.40	Xarelto BN
<hr/>							
RIVAROXABAN							
<u>Authority required</u>							
Prevention of venous thromboembolism in a patient undergoing total knee 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.							
9469J NP	Tablet 10 mg	15	..	..	148.76	35.40	Xarelto BN

GENERAL PHARMACEUTICAL BENEFITS

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

TERIPARATIDE

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.

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.

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.

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 must be provided to Medicare Australia at the time of application.

Note

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

Authority required

Continuing treatment for severe established osteoporosis where the patient has previously been issued with an authority prescription for this drug.

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.

Note

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

Note

Special Pricing Arrangements apply.

9411H	Injection 250 micrograms per mL, 2.4 mL in multi-dose pre-filled pen	1	5	..	438.47	35.40	Forteo	LY
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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
ZOLEDRONIC ACID						
<u>Authority required (STREAMLINED)</u>						
3342						
Multiple myeloma;						
3343						
Bone metastases from breast cancer;						
4052						
Bone metastases from castration-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 (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
ZOLEDRONIC ACID <u>Authority required</u> Multiple myeloma; Bone metastases from breast cancer; Bone metastases from castration-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	..	474.52	Zometa NV